

Happy Birthday Naval Medical Corps!!

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NORWESTER

The Voice of the Naval Medical Command, Northwest Region

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West Coast's medical reservists deliver message: 'We're here to help.'

By Howard Samuelson
Editor, DRY DOCK
San Diego, Calif.

(Editor's note: More than 250 U.S. Naval reservists, most of whom are civilian medical doctors, dentists and medical administrators with offices strung up and down the West Coast, gathered in San Diego in February to deliver a message to the Navy's medical community: We're here to help.)

The standing-room-only Medical Selected Reserve and Fleet Hospital Mobilization Readiness Conference joined both active duty and reserve components of Naval Medical Commands, Southwest and Northwest Regions, comprising some 16 naval hospitals, medical and dental clinics.

This was the second joint regional conference in as many years where attendees, hospital corpsmen, dental technicians, doctors, nurses and medical administration specialists, are treated to a four-block weekend of lectures such as "Combat Re-

lated Stress" and "Disaster Preparedness."

North Meets South

Perhaps more relevant, however, were opening remarks by the conference guest speakers who reaffirmed the significance of integrating Naval reservists with active duty Navy.

Naval reservists in the medical community, more than just weekend part-timers, are a ready-now force of some 17,200 nationwide quietly boosting overall Navy medical care, and supporting, in part, the Chief of Naval Operation's sweeping reform of Navy medicine.

Navy Medical Leaders Speak

"Never in my 25 Navy years have there been so many initiatives on the burner," said Rear Admiral H. James T. Sears, commander, Naval Medical Command, Washington, D.C. and keynote speaker for the conference. "And there's nothing more

see Conference next page



Chief Petty Officer Moyer Hall (Right), a hospital corpsman attached to Naval Medical Command, Southwest Region, Reserve Detachment 319 liaison officer, discusses the conference itinerary with (Right to left) Commander Barbara Shell, Captain Carl F. Gott, Rear Admiral Donald E. Roy, Rear Admiral Robert B. Halder and Rear Admiral David M. Lichtman. (Official U.S. Navy photo by Daniel Jones)

GEOCOM chiefs meet to discuss pressing issues

By JO1 Dan Guilam
NORWESTER staff

NAVAL MEDICAL COMMAND, NORTHWEST REGION — The Naval Medical Command, Northwest Region (GEOCOM), in its commitment to maintain an open line of communication and to ensure that word from Medical Command (MEDCOM) and the Surgeon General gets passed down to every sailor in the region, recently gathered chief petty officers from throughout the Bay Area and all echelon 4 command master/senior chiefs for a quarterly meeting at Oak Knoll's Officers Club.

The biggest item of discussion was focused on the transformation of the Independent Duty Corpsman (IDC). The change calls for employing IDCs primarily as health care providers while assigned ashore, thus maintaining their high degree

of medical readiness between sea tours. They will be given treatment responsibilities ashore that parallel their responsibilities at sea. IDCs will participate in continuing medical education by being recertified through a formal program at Medical Treatment Facilities ashore.

Master Chief Hospital Corpsman (HMCM) Michael Stewart, the Northwest Command Master Chief, presided over the day-long event, which addressed current issues, new developments and problems affecting the Hospital Corpsman and Dental Technician ratings.

"Chiefs are the best avenue of communications," Stewart said. "They communicate with junior people on a regular basis."

Rear Admiral David M. Lichtman, MC, USN, the region's commander, gave the opening remarks, welcoming the middle managers representing the various units under his

command and ships homeported in the Bay Area. He stressed the theme of the meeting, "We Are One Medical Department," to point out that the Dental Department is not being overlooked.

HMCM William Griffith, Force Master Chief for the Navy's Medical Department and one of the guest speakers, took his assistants with him in order to give an even coverage for both the Dental Technician and Hospital Corpsman ratings. He fondly referred to HMCM A. Steven Campbell and Master Chief Dental Technician Fred Wilson as experts in their fields who are working diligently to make things better for every hospital corpsman and dental technician. Campbell briefed the audience on issues concerning the Hospital Corpsman rating while Wilson, a plans officer for MEDCOM 5353, represented the dental community.

"A lot of changes are being implemented to get the Medical Department back on its feet," said Campbell, "and we've got everybody looking at us."

Other major issues discussed include:

— Physician's Assistant Program will be established again, with 300 billets projected. This year, the two-year training program will hopefully begin in September/October. Full details on this program should be released in the very near future.

— MECP (Medical Enlisted Commissioning Program) is available for those interested in direct nursing care. The MECP provides an opportunity for HMs and DTs to earn a college degree and a commission in the Navy Nurse Corps.

— A new NEC to be designated as "Ward Technician" is being studied to fill the gap where nurses are needed. The Corpsman would start

out at the E-3/E-4 entry level.

— Several discontinued NECs such as Cytology Technician are under study for possible revival, while there's also a move to civilianize smaller NECs.

— The ASVAB score required to enter the Hospital Corpsman rating is now 149, to coincide more closely with the scores needed to enter HM "C" schools. Those whose scores are below 141 probably won't be waived.

— Hospital Corpsman "A" school is now 14 weeks instead of 8 weeks long.

— The Health and Resource Management Course for chief petty officers is now shortened by two weeks. However, more classes were added.

— The feasibility of taking the navywide hospital corpsman advancement test based on service

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Conference

from cover

exciting than what this meeting represents" in terms of Naval Reserve participation in medical reform.

Rear Admiral H. James T. Sears

"The relationship between the active duty medical force and the Naval Reserve medical force is very much a symbiotic one."

Leaders in Navy medicine are drawing Reserve Medical Units into the reform arena under the Sears-dubbed "mutual support" concept, which brings Naval Reserve Medical Units on-line as side-by-side health care providers along with the active duty Navy community.

"The mutual support concept provides us with thousands of additional hours of clinical care in our (medical) facilities, without which we would be hard-pressed to provide many of the services currently available," Sears said.

Halder: Solutional Opportunities

Rear Admiral Robert B. Halder, commander, Naval Medical Command, Southwest Region, echoed Sears' sentiments and added that Navy medical reservists will be called on to enhance Navy medicine.

"We have identified what we traditionally call problems in Navy medicine," Halder said. "I'd like to change that perception. These are challenges and oppor-

tunities to which the solutions lie with the talents of the people right here. What we're looking at are solutional opportunities."

Indeed, even the Washington D.C.-based Medical Blue Ribbon Panel, commissioned to recommend changes in Navy medicine, recognized the significance of Naval reservists reforms and included among their recommendations enhancing utilization of reserve medical personnel to offset rising CHAMPUS costs, according to Halder.

Rear Admiral Robert B. Halder

"Looking at them side-by-side, figuratively speaking, active duty and reserve medical officers are indistinguishable."

Backbone of the Navy

Rear Admiral David M. Lichtman, Halder's counterpart in the Northwest Region, speaking to the conference, agreed, "It's a win, win situation. The Naval reserves are more than the backbone or the skeleton of the Navy. They are truly a unifying force."

Rear Admiral David M. Lichtman

"Mutual support between the active duty Navy (medical) community and the Naval Reserve community is alive and well."

In the Northwest Region, according to Lichtman, medical reservists are already augmenting active duty surgeons at Naval



Attending the Joint Regional Medical Selected Reserve and Fleet Hospital Mobilization Readiness Conference, introduced by Commander Barbara Shell, executive officer, Naval Medical Command, Southwest Region Reserve Detachment 319 (at podium), were (left to right): Captain Carl F. Gott, commander, Naval Reserve Region 19; Rear Admiral James G. Roberts, force medical officer for the Naval Reserve Force; Rear Admiral H. James T. Sears, commander, Naval Medical Command, Washington D.C.; Rear Admiral Robert B. Halder, commander, Naval Medical Command, Southwest Region; Rear Admiral David M. Lichtman, commander, Naval Medical Command, Northwest Region; and Rear Admiral Donald E. Roy, deputy force medical officer, West Coast. (Official U.S. Navy photo by Daniel Jones)

Hospital, Oakland, under the Same-day Surgery Program, which permits reservists to continue surgery on weekends at the hospital.

"It's good for reservists because it broadens their training," said Lichtman. "It's good for patients because surgery can be performed on weekends."

The reserve medical conference, coordinated by Naval Medical Command, Southwest

Region Naval Reserve Detachment 319, was the second of its kind in many years, held for the first time in San Diego. An annual event, it is scheduled to be held in the Northwest Region next year.

Key speakers at the conference were: Rear Adm. H. James T. Sears; Rear Admiral Mary F. Hall, director, Navy Nurse Corps; Rear Adm. Robert B. Halder; Rear Adm. David M. Lichtman;

Rear Admiral James G. Roberts, force medical officer for commander, Naval Reserve Force; and Rear Admiral Donald E. Roy, deputy force medical officer for the West Coast.

(Howard Samuelson is a reserve journalist assigned to the Naval Reserve, Navy Public Affairs Center, Detachment 119, in San Diego.)

Hospital starts reconstruction to improve services

By LCDR Peter Bauer, Administrator, NH Lemoore

NAVAL HOSPITAL, LEMORE — In an effort to improve its services, Naval Hospital Lemoore will be undergoing reconstruction of the Emergency Room and laboratory department.

The scheduled period for reconstruction is February to August 1989. To accomplish this project, there will be major remodeling within these two departments.

During the six month time frame required to complete this effort, the naval hospital will be restructuring the interior of the facility to continue its current operation. Three of the major services affected will be the emergency room, the laboratory, and the pediatrics clinic.

These moves were underway the week of February 20 and completed by February 25.

The laboratory department is now housed and working out of two trailers which are located in the emergency room parking lot.

Patients continue to be referred to the lab via their physician. Access to the department is through the pharmacy exit and across the parking lot.

The emergency room, has been moved to the area where the pediatrics clinic was located on the east wing of the facility.

Patients requiring care in the emergency room may park in the lot adjacent to the east wing. Spaces are marked accordingly.

The road that runs adjacent to the east wing, and was formally used by all vehicles, is now

closed and used by hospital ambulances only.

The Pediatrics clinic has been relocated to the north wing of Ward B. People are readily available to assist you with needed direction.

In addition to these changes, there will be other moves involved that may or may not directly affect those in need of care.

To assist in making this a smooth transition, in many areas in the hospital, maps showing the new locations of various

services are available. Phone numbers have remained as they were listed prior to the moves.

The hospital's administrators understand that some of the moves may be inconvenient to the patient's needs, but they pointed out that once the remodeling has been completed, and departments have relocated to their own space, a more efficient and pleasant environment will be in the offing.

Arthritis, not just a single disease, caused by several other conditions

By Diane LaMacchia, PAO
NAVMEDCOM, NWREG

One in every seven Americans has arthritis.

According to Captain Robert W. Timmons, chief of rheumatology at Naval Hospital Bethesda, Md., arthritis is not actually a disease but the product of some 250 to 300 underlying diseases or conditions. Arthritis is the painful condition of a joint which has been affected by one or more of these diseases. How long arthritis lasts and how it can be treated depends upon its cause.

One cause of arthritis is rheumatoid disease, a systemic disease which may involve many organs, such as the heart, bone marrow and skin. Other causes are metabolic diseases, such as gout; certain infections including gonorrhea; and Lyme disease, an immune or allergic reaction to a bacteria.

Injury is a common cause of joint disease among military people, Timmons said, since a weakened or deformed joint wears out more rapidly than others.

Treatment depends on the cause of arthritis. Physical therapy or exercise will be tailored to fit your specific needs. For example, a muscle imbalance in your legs may cause pain. Since muscle tone decreases as we get older, exercise may be prescribed to increase muscle tone and realign the joints. Massage therapy may be prescribed to alleviate pain. You may be required to rest more and to protect the affected joint by not working it too much. Applications of heat or cold may also be recommended for pain relief.

Often, anti-inflammatory medicine such as aspirin, Motrin, Naprosyn, Feldine and others are used to treat rheumatoid disease. Some

forms of arthritis-causing diseases may respond to corticosteroids (prednisone). Other drugs, including gold salts, may be used in certain diseases when anti-inflammatory drugs are ineffective. Make sure your physician or nurse advises you on how to take your medications and thoroughly explains any side effects to you.

Sometimes surgery is required to replace worn out joints which have lost their structural competence and can no longer support weight. Hip and knee joints are most commonly replaced for that reason. Surgery may also be used to strengthen the structure around the joint. For example, a tendon might be strengthened or moved to enhance the joint's stability, or torn cartilage might be removed.

The role of diet in arthritis has been a topic of discussion for many years. According to Timmons, this

relationship has not been firmly established, although allergic reactions to certain foods may affect the joints. You should consult with your health care professional if you feel something in your diet affects you adversely.

Weather conditions may affect arthritis. A warmer climate can make you feel better, but don't base a major move on that idea. If you are contemplating a move to a warmer or dryer climate to help you find relief from arthritis, check it out first. Visit for a few months before you make your move.

Warning signs of arthritis include swelling or pain in a joint, inability to move joint, and stiffness, including early morning stiffness, in a joint. If you have these symptoms, especially if they persist for more than two or three weeks, see your physician.

NORWESTER

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Regional

From the Commander

RADM, D.L. LIGHTMAN, MC, USN

As you know, changes are coming our way.

Navy medicine has been under intense scrutiny for some time now. Recommendations by the Blue Ribbon Panel may result in the consolidation of the geographic commands (GEOCOMS) into Type Commands (TYCOMS). Or we may see the continuation of the GEOCOMS with the addition of line personnel. The actual form of the change is not yet clear. Whatever form it takes, we can expect to see more support from the line for the kind of activities that keep Navy medicine healthy. The line is now committed, for example, to continuing medical education and other professional activities by physicians, nurses and corpsmen.

Regardless of what it looks like, change is certainly imminent. Knowing that, there are two ways to approach our present uncertain situation. One is to sit around and wait until we know exactly what is going to happen. Are we going to have GEOCOMS or TYCOMS, where will they be, what will they look like? Sit around, wait, and let events shape you because we don't know exactly what decisions are going to come down from Washington.

As far as I'm concerned, this is not an option.

The alternative, the only real possibility, is to be aggressive, make your program the best there is and move it forward. This GEOCOM, for example, has gone ahead and established what is probably the best Command Inspection Program of any of the GEOCOMS, at a time

when the future of the GEOCOMS was very much up in the air. We went ahead and acted, and no matter what the future holds, we have a viable and very useful program that is of great benefit to us now.

Be the one to shape events, just as we are doing here in the Bay Area with the San Francisco Medical Command. We could have heard the news about the base closures, seen the Presidio's name on the list and decided to forego our relationship with Letterman Army Medical Center because the hospital may be slated to close some time down the road. We chose instead to go ahead with our charter to strengthen military medicine in the Bay Area by creating an overall plan which includes the use of Army assets. We are very excited about this program and committed to its being the best. And when the time comes to decide the future of Army assets in the Bay

Area, we hope the strength of the new command will be the decisive factor in its ultimate survival.

What distinguishes military medicine from our civilian counterparts is that we are always challenged by a changing environment. This is as it should be: battlefield medicine is never serene; and our job is to be expert at dealing with rapidly changing environments. Let's see these latest changes as an opportunity, seize it and enjoy the process of making things better for all of us in Navy medicine: practitioners, administrators and patients alike. As Tom Powers suggests in his popular book "Thriving on Chaos," a really strong leader can derive pleasure and satisfaction from the opportunity to create order out of what might look to others like the hopelessness of chaos. I believe we are the kind of leaders Powers is talking about.



Rear Admiral David M. Lichtman, MC, Commander, Naval Medical Command, Northwest Region and Commander, San Francisco Medical Command. (Official U.S. Navy photo.)

Alcoholism: the disease of denial

By LTJG Richard Haworth, PAO, Naval Hospital Oak Harbor

NAVAL HOSPITAL, OAK HARBOR — No one chooses to be an alcoholic. Alcoholism is a disease. In their hearts, most alcoholics know they are in the grips of a powerful addiction, yet they feel helpless to combat it. This inability to control the disease often leads to denial that the disease exists — not only on the part of the alcoholic, but by those who care for the alcoholic most.

Self Denial

Although alcoholism is now known to be a disease, many people still hold the incorrect view that it is a behavioral problem. This widespread misconception may cause the alcoholic to feel guilt and embarrassment about their problem, which can contribute to self denial.

Many persons who suffer from alcoholism exhibit similar behaviors — concealing the amount they drink, hiding bottles, drinking alone, and so on. Yet, when confronted with their drinking "problem" they are apt to deny it altogether or make excuses for their behavior. While they deny their problem to others, their very actions indicate their own awareness of their addiction.

Co-Denial

Clergy, doctors, lawyers, social workers, family and friends are valuable resources for the alcoholic. Yet, in some cases these people unwittingly assist the alcoholic by covering up for him and denying that he must correct his own mistakes. When people make excuses for the alcoholic, the alcoholic is conditioned into believing there will always be a "protector" who will come to his or her rescue.

Denying Dependence

As the disease progresses, the need to deny dependence becomes greater. The alcoholic may refuse to acknowledge that anyone has helped him. He may deny that his behavior is causing family trouble. The real problem is that the alcoholic is well aware of the truth. The sense of guilt and remorse often becomes intolerable and the alcoholic's helplessness in controlling his disease may be embarrassing to him.

Initiating Recovery

If someone you care for has a drinking problem, seek counseling immediately. A professional who treats alcoholics and their families can help all of you — the alcoholic and his or her loved ones — to help yourselves.

Statistics to get you MADD

Mothers Against Drunk Driving has compiled a summary of statistics about the national drunk driving problem. Consider these staggering facts:

- Every 22 minutes, one person dies in an alcohol-related crash.
- Nearly 560,000 people are injured each year in alcohol-related traffic crashes — an average of more than one injury per minute.
- Researchers estimate that

two of every five Americans will be involved in an alcohol-related crash during their lifetimes.

- The proportion of alcohol-related fatal crashes is about three times greater at night than during the day.
- Drunk driving is the most frequently committed crime in the nation today. DUI arrests in 1987 totaled an estimated 1,727,200 — more than three times the total for all other violent crimes (murder, forcible rape, robbery and aggra-

vated assault).

- In 1987 23,632 people died in alcohol-related traffic crashes. These deaths constituted nearly 51 percent of the 46,386 traffic fatalities.
- Nearly 38 percent of all fatally injured drivers were drunk.
- More than 40 percent of all deaths of teenagers 15 to 19 years old result from motor vehicle crashes. More than half of these motor vehicle fatalities involve drinking.

FMPCO

from p. 2

skills (NECs) is under study. On the dental side, Wilson said there's a NOTAP (Navy Occupational Task Analysis Program) survey currently underway to identify what skills the DTs are doing right and to ensure that these skills are compatible with their standards. He also expressed his concerns over manpower shortages, and praised the technicians for working so hard under such trying times. Wilson also disclosed that the textbooks for advancements will be

out in June this year.

The following statistics reflect the authorized billets and manning level for each pay grade in the DT rating.

	Authorized billets	On board
E-9	22	22
E-8	56	54
E-7	191	203
E-6	490	395
E-5	673	687
E-4	900	996
E-3 & below	1,274	1,212

Finally Wilson said the dental community is doing an excellent job of filling up C-school quotas and solicited support in filling 8,752 school quotas with qualified applicants.

The Force Master Chief led an open and frank question and answer period where the Chiefs were able to express their thoughts and concerns.

"In the final analysis the meeting was considered to be a great success, with the next one slated for May," said Master Chief Stewart.

News Briefs

U.S. FACILITY, SUBIC BAY (NNS)

The former commanding officer of USS Dubuque (LPD-8) was found guilty of dereliction of duty in a courtmartial February 24, and awarded a punitive letter of reprimand.

Captain Alexander G. Balian was convicted for failure to take available measures to assist a group of Vietnamese refugees who were adrift in the South China Sea last June. During that encounter, Dubuque, under Balian's command, provided food, water and sailing directions to the refugees but did not bring them aboard. The refugees drifted another 18 days, resorting to cannibalism, before they were rescued by a Filipino fisherman.

The courtmartial began February 13. The six-member jury, all Navy captains who are senior to Balian and have extensive command-at-sea experience, deliberated six hours before returning their decision.

PEARL HARBOR, HAWAII (NVS)

Two Soviet scientists involved in an underwater accident are recovering from rapid decompression sickness, or the "bends," following treatment by three U.S. Navy divers and two Navy physicians.

The Soviets were conducting joint scientific experiments with American scientists near the Seychelles Islands off the Eastern Coast of Africa. Following the mishap, the scientists were brought aboard their research ship, Akademik Aleksander Nesmeyanov, and initially treated by a Soviet medical officer on board. When the Soviet physician could not provide the care needed to treat the men, the Soviet embassy in Seychelles requested U.S. Navy assistance.

Chief Warrant Officer J. Welch, a qualified diving officer, and two senior first class divers, from Patrol Squadron 22 (VP 22), flew to the research vessel to assist the Soviet medical team. Navy medical diving officer Vic Maquera and a medical diving technician from Submarine Group Seven arrived a day later to help the assembled medical team.

The condition of the scientists continues to improve as they undergo hyperbaric treatment on board their ship. In a February 18 press conference, U.S. and Soviet ambassadors praised the U.S. Navy divers and physicians for their quick response and expert assistance.

The Soviet research team, which includes five Americans, were conducting studies of coral and algae in Seychelles waters.

HOLLYWOOD, CALIF. (NNS)

"Red October" will begin its journey from the pages of the Tom Clancy best-seller to the silver screen, when filming of "The Hunt for Red October" begins next month.

The fictional novel and film center on the defection of a Soviet submarine skipper to the United States with his nation's newest and deadliest strategic submarine.

A tight filming schedule is planned, leading to an unexpected December 1989 release — a slot normally reserved for a studio's premier film to kick off the Christmas and New Year season, according to Paramount Studio officials.

MOSS POINT, MISS (NNS)

The ocean surveillance ship USNS Tenacious (T-AGOS 17) was launched February 17 at Halter Marine, Inc. facilities here.

Congressman Larkin Smith (R-Miss) was the ceremony's principal speaker. Sheila Smith, wife of the principal speaker, is the ship's sponsor.

T-AGOS ships are usually named for words that convey positive traits. No other U.S. Navy ship has borne the name.

Tenacious will be operated by Military Sealift Command and assigned to the naval auxiliary force. The ship's mission will be to provide worldwide surveillance using the Surveillance Towed Array Sensor System (SURTASS) to collect and process acoustic data.

Family

Caught up in the "coffee clutch"

By JO2 Jim Derheim, PAO
Naval Air Facility Misawa, Japan

WASHINGTON (NES)...I was going to put "Ex-Coffee Drinker" under my byline, but really didn't want to be affiliated with such proud, vociferous groups self-titled as "Ex-Smokers," "Ex-Husbands (or Wives)," and all the others who have kicked one habit or another, none of which was self-advertisement.

I'm just someone who used to be really nervous, uptight and in a constant hurry to go no place. One of my friends calls me "Gotta Go, Gott Go." But let me back up a bit and tell you a story that I hope will amount to more than just a hill of coffee beans.

When I was a boy, Saturday afternoon trips to town with my Dad meant fixing a tire or filling the gas-grill tank at the Farmer's Co-Op. Later on, Dad and I would end up at the "Someplace-Else Cafe," home of the bottomless cup. Dad and his cronies would sit and play cards and drink from these bottomless cups, while I sipped a root beer. At the age of 13, I thought there could be nothing as rancid tasting as coffee. Especially black, the way Dad drank his. Yuk.

Three years later, I would gingerly take an offered cup when I wanted to appear grown-up. What I really wanted was a root beer, but after awhile—a cup here, a cup there—I learned to enjoy the bracing effect a cup of coffee can have, especially on cold winter mornings.

In college, cramming for exams, I would drink the big two-liter bottles of soda to stay awake. This was due in part to the fact that I couldn't afford to buy a coffee

maker, but, more to the point, my system hadn't yet adjusted to the idea of megadoses of caffeine.

But when I left college to join the Navy I discovered something that I hadn't known when I was 13 and with my dad in "Someplace Else"—the world runs on coffee. Its gears use a perked, dripped or instant lubricant of regular, blended or Colombian. Any way you like it—from black to heavy cream and sugar—it's still coffee. The latter is how I take mine; or I should say, the way I took it. If you've read this far, keep reading and you might find that we have, or had, something in common.

I would snap at people for no apparent reason, usually around the third-cup-of-the-day point. By my fifth cup of the day, I had usually spent more time in the bathroom than at my word processor. My heart would start doing somersaults inside my tightly wound-up chest after the seventh cup, and at night, I'd count ceiling tiles until 2 or 3 a.m., cursing a blue streak about my addiction to that bitter fluid.

I only list my symptoms to the seven-cup point, because that's all I could stand. A permanently coated tongue starts to taste normal after awhile, and that scared me.

LT David Davis, MC, of Naval Air Facility Navy Medicine, told me a few things about what may be the Navy's most popular drink. "We had a woman in the office who was complaining of nausea, heart palpitations and headache," said Davis. "She was also nervous, panicky, and had been losing weight due to lack of sleep. We thought at first it was something physical, until she told us she drank up to 25 cups of coffee a

day." I had to ask Davis to repeat the figure. Twenty-five cups of java a day? A new word sprung into my head—coffeeholic.

Many sailors will matter of factly admit they drink 10 or more cups of black stuff a day. That creates a picture in my mind of Popeye tearing open not a can of spinach to defeat Bluto, but a can of coffee. Guzzle, glug, and energy for another hour. "Olive Oyl, don't wait up for me tonight cuz I'm gonna run ten miles to come down from this caffeine high, whoo hoo!"

Coffee not only increases your heart rate, it does strange things to your brain, too. The caffeine in coffee causes the blood vessels to constrict, and can create a pounding headache when consumed to excess. According to Davis, caffeine is an important ingredient in the treatment of migraine headaches, which are caused by too much blood flow to the brain. Coffee also causes the acid levels in the stomach to rise, boosting your long-range chances of developing an ulcer.

I know. Another sermon on something you enjoy that someone else is telling you is bad news. But, like coffee or not, it's a fact of life that too much of a good thing is going to end up being bad for you.

Finally, the reason why I titled this article "The Coffee Clutch," is because the one sure way to tell a coffeeholic is by the curl of his forefinger. It's taken me three restless, anxiety-free, caffeineless months to straighten out my forefinger.

Now, if I can just end this addiction to hot water.

Champus Updates

(EDITOR'S NOTE: "CHAMPUS News-in-Brief" is a collection of short pieces on various aspects of the CHAMPUS program.)

AIDS Medication "AZT" Not Covered for Children

While CHAMPUS has cost-shared the AIDS medication Zidovudine, also known as "AZT" (or "Retrovir", its commercial name), for adults since early 1987, the drug is still considered experimental for use on children (under age 18). Therefore, CHAMPUS is not able to pay for AZT medication for children.

The drug was approved for sale by the Food and Drug Administration on March 18, 1987. That's the effective date of CHAMPUS coverage for adults.

Don't Forget DEERS

In order to get their CHAMPUS claims paid, CHAMPUS-eligible persons must be "on DEERS". DEERS is the Defense Enrollment Eligibility Reporting System, a nationwide computerized data bank that contains (or should contain) the names of all active-duty, deceased and retired military sponsors and members, and certain former spouses.

When a CHAMPUS claim is submitted to the claims processor, the processor checks to see if the person who received the care is listed in DEERS computer files as eligible for CHAMPUS benefits. If the person's name doesn't show up on DEERS, the claim will be denied unless the matter of eligibility can be cleared up.

Active and retired military sponsors are automatically entered in DEERS data banks—but dependents are not. Sponsors must take action to enroll their eligible family members in DEERS. If you are eligible to use CHAMPUS and aren't signed up with DEERS, aren't sure if you are, contact your nearest military personnel office to find out how to do so.

For information about DEERS enrollment, you may also contact the DEERS Telephone Center, from 8 a.m.-5 p.m. Pacific Time, Monday through Friday, at the following toll-free numbers:

1-800-334-4162 (California only)
1-800-527-5602 (Alaska, and Hawaii only);
1-800-538-9552 (all other states)

Parents may earn tax credits from day care expenses

Parents who pay someone to care for a child or dependent while they work or look for work may qualify for a special tax credit.

This Child and Dependent Care Credit may be taken not only for payments to babysitters and day-care centers but also to certain relatives paid for this service.

This credit is available to married couples who both work part time or full time or are actively looking for work and file a joint tax return. If one spouse works full time and the other works part time, is a full-time student or is disabled, they are also eligible for the credit, according to the IRS.

The credit may also apply to a divorced or separated parent

who has custody of a child under 15 or physically or mentally incapable of self-care, even though the parent may not be entitled to a dependency exemption for the child. The parent claiming the credit must, however, have custody for a longer period during the year than the other parent. A married person living apart from his or her spouse for the last six months of the taxable year is eligible for the credit if a separate return is filed.

Expenses that can be used for the tax credit include only amounts paid for household services and care of the qualified person. Child support payments are not qualified expenses, nor are amounts paid for an overnight camp.

Everything you ever wanted to know about taxes - but were afraid to ask

Double-check and increase accuracy

To those expecting a tax refund this year, the Internal Revenue Service says an error-free return speeds processing time. A quick check for accuracy can help avoid mistakes; and a carefully prepared, easy-to-read return can be processed faster.

Once the return is completed, taxpayers should consult the following check list:

- Have you attached all your Forms W-2, "Wage and Tax Statements"?
- Have you attached all the supporting schedules to your Form 1040?
- Are your name and Social Security number on each schedule?
- Are the names and Social Security numbers of dependents 5 years or over on your return?
- Is your arithmetic correct?
- Are all of your entries on the proper lines?

- If you rounded off your numbers, did you round them off consistently?
- Is your handwriting legible?
- When you used the Tax Table, did you follow the line across to the correct column for your filing status?
- Did you sign and date your return? Remember, if it's a joint return, your spouse must sign, too.
- Did you use the peel-off label, and is the information on the label correct?
- Have you made necessary correction right on the peel-off label?
- Did you make a copy of your return for your records?
- Did you put the correct postage on the pre-addressed envelope? If the return has several attachments, additional postage may be required.

Special rules for child exemption

Divorced or separated parents must use special rules to decide whether they or their former spouses can claim the exemption for their child when they file their tax returns. The special rules for divorced or separated parents apply only if:

- 1) The parents are divorced or legally separated under a decree of divorce or separate maintenance, are separated under a written separation agreement or lived apart at all times during the last six months of the year; and
 - 2) One or both parents provide more than half of the child's total support for the calendar year; and
 - 3) One or both parents have custody of the child for more than half the calendar year.
- Although there are some exceptions, the parent who has

Please see next page

Head of household

Many taxpayers filing as head of household have been needlessly delaying their tax refunds by forgetting to list the names of qualifying dependents or children.

To file as a head of household, a taxpayer must be unmarried or qualify to file as unmarried, and provide more than half the cost of keeping up a home that is the principal home of the taxpayer and the taxpayer's unmarried child (who may be either a dependent or not) or a married child who must be the taxpayer's dependent.

Other qualifying relatives, such as an uncle, sister, niece or son-in-law, must be the taxpayer's dependents and actually live with the taxpayer the entire

year. The taxpayer's dependent parents, however, may qualify even though they do not live with the taxpayer. The taxpayer must have paid more than half the cost of keeping up the home to qualify for head-of-household filing status.

To be considered unmarried, the IRS says, one must be single, legally separated, divorced, married but living apart for at least the last six months of the year or widowed. Without a child or qualifying dependent, unmarried taxpayers are not eligible to file as head of household, and if they do not qualify as a surviving widow or widower with a dependent child, they must file under single status.

Dental Notes

When should your child see the dentist?

By LT Gary K. Roberts
Naval Hospital, Oakland

Do you know when your young child should first visit the dentist?

- If your child has an accident which injures a tooth.
- When your child is between 18-24 months old.
- If you are concerned your child has a cavity.
- When your child is no older than 36 months.
- All of the above.

The question of when to first bring a young child to the dentist

confronts every parent and, like the question above, has many answers. As you may have guessed, answer



(e) is correct. The optimal time for an infant's first visit to the dentist is between 18 and 24 months of age and certainly no later than 36 months. By this time, all twenty of the child's primary or "baby" teeth will be present. These teeth serve several crucial functions, such as maintaining the proper spaces for the child's permanent teeth, helping guide the development and growth of the child's face and jaws, and allowing the baby to digest a diet of more solid and nutritious food. It is important the teeth receive proper care and not be neglected. Obvi-

ously, if the child sustains trauma to the teeth or the teeth develop decay, an immediate visit to the dentist is warranted regardless of how young they might be.

Ideally, a child's first visit to a dentist should be for a routine examination rather than for painful toothache or traumatic injury. This gives the parent the opportunity to make an informed choice of practitioners and allows for a leisurely, relaxed, non-threatening first appointment for the child as well as for

the parent and dentist. Frequently, in attempting to "prepare" their child for a visit to the dentist, parents unknowingly display their own anxiety and fear, resulting in an apprehensive child and a needlessly stressful first dental experience. It is far better for the child to be able to relax and simply view a trip to the dentist as a new and positive experience. Regular visits to the dentist allow any problems to be discovered early, lowering the chances of your child's suffering pain, loss of teeth, or serious complications due to neglect or improper home care.

IRA deductions

custody of the child for most of the year is usually treated as the parent who provides more than half the child's support. It does not matter whether the parent with custody has been actually providing more than half of the child's support.

A non-custodial parent may claim the exemption for the child if either (1) the custodial parent signs a written declaration that he or she will not claim the exemption for the child and the non-custodial parent attaches this written declaration to his or her return, or (2) a decree or agreement executed before 1985 provides that the non-custodial parent is entitled to the exemption and he or she provides at least \$600 for the child's support during the year, unless the pre-1985 decree or agreement is modified after 1984 to specify that this provision will not apply.

Blue Angels Need Yeoman

PENSACOLA, Fla. — The navy demonstration squadron, "Blue Angels," is looking for a Yeoman Second Class for the Events Coordinator's Office.

Applicants must be currently serving in a sea billet, eligible for shore duty and available by March 30, 1989. The Enlisted Transfer Manual lists the procedures for applying. Sailors should send their complete application package to: Blue Angels Event Coordinator, Naval Air Station Pensacola, Fla. 32508-7801. For more information, contact LT Bruce Dillard or YN3 Larry Dean at (904) 452-2585 or -3955, or Autovon, 922-2585 or -3955.

Editorial

1988: A very good year for the Naval Hospital

By CAPT G.L. Navarro Jr., MC
Exec. Officer, NH Bremerton

This past year for the Bremerton Naval Hospital has been exciting and productive. We have been surveyed, inspected, reviewed, and audited — all with very positive results! In order to increase both quality and quantity of care, we have changed a bit, too.

The Inspector General of the Navy and his team visited us this spring. The command received a "thumbs-up" from these visiting dignitaries. Less than two weeks after this inspection, the Geographical Command (GEOCOM) headquartered in Oakland inspected our

Chaplain's Corner

"Then There Was You"

I was alone and so desolate,
Most of my young life,
Living on the very edge,
Of old hurts and much strife;
Before there was You.

People and places,
And all worldly things,
Couldn't fill that void
That only You could bring;
Before there was You.

Then one day a kind person,
Took hold of my hand,
Said, "Come let me tell you,
Of One far greater than man;"

"He lives far up above,
Where the eye cannot see,
Sent His son down to earth,
To live in the hearts of
you and me;"

"He will give you joy
and pleasures
Far greater than any
earthly treasures,
For His promises He will keep,
Long after we're asleep,"
And then there was You.

I knew in an instant,
What was missing so long,
That my heart sang with joy,
Where days once had been long;
Because there is You.

Why do we wait for someone,
To take us by the hand,
If we only knew sooner,
What's in Your wonderful plan;
Now there is You.

— L.J. Clayton, Tumor Registry

facility and services. This inspection resulted in another strong endorsement.

The military has contracted with a civilian peer review organization to determine if patients treated at military facilities are receiving appropriate care. This program is unique to Department of Defense hospitals, and provides Congress with data objectively obtained from records audited by employees of the contract organization. The Navy Hospital has not had any major patient-care problems, a strong indicator of overall excellence of care.

This hospital was honored by its inclusion as the sole military representative in the Joint Commission of Accreditation of Healthcare Organizations. Please see Editorial p. 9



NAVAL HOSPITAL, OAKLAND — LTJG Karla M. Seyb-Stockton, CHC (right), Pastoral Care Department, Naval Hospital, Oakland and Cedric Hill (left), station manager of Red Cross Western Operation Headquarters, also from the hospital, lead staff members and guests in the Pledge of Allegiance during the Prayer Breakfast held February 9. The breakfast, held in the hospital's cafeteria, gave the visitors the opportunity to join together in prayer and to share concerns about our nation. (Official U.S. Navy photo by HM2 D.A. Lynn, NH MedPhoto)

A list of do's and don'ts for young & inexperienced cats

Special to S.F. Times
by SF/SPCA

(As Overheard by SF/SPCA Resident Office Cats from Feline Shelter Guests)

When You're Sick:
If you have to throw up, get into a chair quickly, or onto the sofa, or try to find an Oriental rug. Lacking an Oriental rug, shag carpet is good.

About Doors:
1. Do not allow closed doors in any room. To get one open, stand on your hind legs and hammer with your forepaws. Once the door is opened for you, it is not necessary to use it. You can change your mind.

2. When you have ordered an outdoor door opened, stand half in and half out, and think about several things. This is particularly important during very cold weather and mosquito season.

3. Avoid swinging doors.

About Guests:
1. After dinner, when you walk on the dinner table among the dishes, be sure to look surprised and hurt when scolded. The point is to convey the idea, "But you let me do it when there isn't company!"

2. Determine quickly which guest hates cats. Sit on that lap during the evening. You'll know who it is because he or she will call you "nice kitty." If you can

arrange to have the fragrance of fishy cat food on your breath, so much the better.

3. For sitting in laps or rubbing against trouser legs, select fabric colors that attractively contrast your own. For example, white-furred cats should select a good black wool.

4. Always accompany guests to the bathroom. It isn't necessary to do anything, just sit and stare.

5. For guests who say "I love kitties!" be ready with:
a) aloof disdain;
b) claws applied to stockings;
c) a quick, sharp nip on the ankle.

Never eat food from your own bowl if you can steal some from the table. Never drink from your own water bowl if a human has a glass full enough for you to drink from. When supervising cooking, sit just behind the left heel of the cook. This way you cannot be seen, and you therefore stand a better chance of being stepped on, picked up and soothed. If one of your humans is sewing or working with paper and pens, and another one is idle, stay with the busy one. This is called HAMPERING. Following are the key points to hampering:

1. Get in close under the chins of book readers. (Unless, of course, you can lay across the

book itself.)

2. Curl up quietly in the laps of those who knit, and pretend to doze. Then reach out and slap the knitting needles sharply. This causes what is called a "dropped stitch." The knitter may try to distract you with a ball of yarn, which of course is ridiculous. Ignore it.

3. For people paying bills (a monthly activity) or working on income taxes or Christmas cards (annual activities), keep in mind your aim to hamper! First, sit on the paper being worked on. When you're relocated, watch sadly from the side of the table. When the activity proceeds nicely, roll around on the papers, scattering them to the best of your ability. After being removed for the second time, push pens, pencils and erasers off the table one at a time. Get enough sleep in the daytime so that you are fresh for playing catch-the-mouse or king-of-the-hill on the bed between two and four a.m.

If you become bored with your diet, immediately after food is placed in your dish try to cover it with the newspaper under your bowl. Sometimes this can even result in your fresh bowl of water being tipped over.

If you start training your people early, you will have a smooth-running household. Humans need to be taught a few basic rules that are not too difficult to master.

Naval Medical Command, Northwest Region's first

DT1 Garret H. Ebendick 1988 Sailor of the Year

DT1 Garret H. Ebendick
Branch Dental Clinic, Lemoore
Workcenter: Prosthetic Laboratory
Position: Leading Petty Officer
Collateral duties: Command In-
service Training coordinator, Civil-
ian Payroll Accounting clerk, Clinic
Energy Conservation representa-
tive, Clinic Safety petty officer, Drug
and Alcohol Urinalysis coordinator

and Top Four Advisory Board
member.

Date joined Navy: July 18, 1975

Date of advancement: May 16,
1982

Community involvement:
Lemoore High School Band booster
member, volunteer for the Lemoore
High School Athletic Foundation,
and fund raiser and residential

educator for the American Cancer
Society. DT1 Ebendick also spon-
sors foreign students through the
Central American Scholarship Pro-
gram.

Education: Masters degree in
Education

Awards: Good Conduct (3), Meri-
torious Unit Commendation and
Overseas Service Ribbon

Editor's note: Petty Officer Garret
H. Ebendick, a dental technician
assigned to the Branch Dental Clinic
in Lemoore, was selected as the
regional Sailor of the Year for 1988.
He is a goal-oriented sailor who
strives for perfection in all endeavors.
In hopes of learning his secret
to success, Dental Technician Chief

M.R. Miller, senior enlisted advisor
for the clinic, conducted the follow-
ing interview. Read along. You might
be surprised to find out that the
Sailor of the Year is not just a goal-
oriented person, but in fact a career
petty officer who has a deep concern
for his shipmates and the future
of the Navy.)



Region



HM1 Leo M. Canonizado
Naval Hospital, Lemoore
Workcenter: Pediatrics Clinic
Position: Leading Petty Officer
Collateral duties: Acting Charge
Nurse (during interim of filling va-
cant billet)
Date joined Navy: May 24, 1982
Awards: Navy Commendation
Medal, Navy Unit Commendation
Ribbon, Good Conduct Medal,
Navy Fleet Marine Force Ribbon and
Sea Service Deployment Ribbon (4)
Family: Gina (wife) and Jonathan
(son)



HM1 Manuel E. Naguit
Medical Clinic, San Francisco
Workcenter: Branch Medical Clinic,
Mare Island
Position: Pharmacy Department
LPO
Collateral duty: Career Counselor
Date joined Navy: May 18, 1980
Awards: Navy Achievement
Medal and Good Conduct Medal (2)
Family: Linda (wife) and Tanya
and Alexander (children)



HM1 Walter S. Racutt Jr.
Naval Hospital, Oak Harbor
Workcenter: Patient Administration
Department
Position: Division Head, Facilities
Management
Collateral duties: Logistics Officer,
LPO Operations Management,
Master-at-Arms, LPO Transportation
Management and Military Construc-
tion and Public Works Liaison
Date joined Navy: June 1, 1970
Awards: Navy Commendation
Medal, Good Conduct Medal (4),
Navy Unit Commendation, Merito-
rious Unit Commendation, Sea Ser-
vice Deployment Ribbon (5), Navy
Pistol Expert and National Defense
Family: Rebecca (wife), and Jo-
seph, Shannon and Shaughn. (chil-
dren)



HM1 Julian S. Talosig
Naval Hospital, Oakland
Workcenter: Pharmacy Department
Position: Leading Petty Officer
Collateral duties: Supply Petty
Officer, Senior Enlisted Advisor for
the Emergency Room, Preliminary
Inquiry Officer, Command Reten-
tion Team member and Departmen-
tal Career Counselor
Date joined Navy: December 10,
1979
Awards: Navy Achievement
Medal, Good Conduct (2), Merito-
rious Unit Commendation, Pistol
Marksman Ribbon, Fleet Marine
Force Ribbon, Sea Service Deploy-
ment Ribbon and Overseas Service
Ribbon
Family: Marilyn J. Cortez (wife)
and Desiree Cortez (daughter)

insailors

Profile

by DTC M.R. Miller

Q. Petty Officer Ebendick, tell me a little about your background prior to joining the Navy.

A. Prior to enlisting in the Navy I had attended Concordia Teachers College and earned a bachelors degree in elementary education. I had taught third grade at St. Pauls Lutheran Grade School for five years. During this period I attended Eastern Michigan University and earned a masters degree.

Q. Why would someone with a masters degree in education and well into a career in teaching want to come into the Navy?

A. Changing careers at this point in my life demanded much deliberation and thought. I wanted to enter the dental field, more specifically dental prosthetics, and I wanted to travel. These two goals together at first did not seem possible, but when I looked into what the armed services had to offer I discovered that the Navy could fulfill my wishes.

Q. Do you think you made the right decision?

A. I had taken an extended leave of absence from the teaching profession thinking I would return to teaching after my first

enlistment ended. But during my first tour of duty as a dental technician in Guantanamo Bay, Cuba, I was recommended for and attended the Dental Prosthetic Basic Lab School. My travels continued and my career opportunities grew. I've had no regrets over my decision to enlist and to reenlist in the Navy.

Q. Briefly describe your duties at Branch Dental Clinic, Lemoore.

A. I have been assigned as the Prosthetic Laboratory supervisor. Since I have assumed this position, with the diligent assistance of one other lab technician, we have changed the Prosthetic Laboratory from a limited service lab to a full service lab. I fabricate all aspects of crown and bridge, porcelain, and complete and removable partial dentures. My collateral duties include serving as Command Enlisted Inservice Training Coordinator, Civilian Payroll Accounting Clerk, Clinic Energy Conservation representative, Clinic Safety Petty Officer, Assistant Drug and Alcohol Advisor and Chief of the Day.

Q. What are your short term and long term goals?

A. My short term goals are, at this point, to stay abreast with the current advancements in dental prosthetics, and more

specifically with the dental porcelains. My long term goals are two in particular. One is to continue my education in business and personnel management. The other goal is to continue working toward advancement in rate.

Q. Petty Officer Ebendick, tell me about some of your hobbies, interests and after-hour activities.

A. My interests right now are strong in biking, swimming and running. While I was stationed in Rota, Spain, in 1982-1985 I was involved in triathlon competition and this interest has stayed with me.

Q. Who would you say is your role model?

A. My father has always been a positive influence in my life. He encouraged and supported me. He was an honest and fair person, and one whose opinion I always valued. He continuously strived to learn and improve himself. I recognize that many of my values and attitudes are similar to those of my father. Without a doubt, my father has been the role model in my life.

Q. What are some of the problems you see in the Navy today and how would you correct them?

A. One problem in particular is the loss of experienced personnel to the civilian sector. I feel that many experienced individu-

als leave the Navy because they are continuously seeing their benefits eroded and the retirement benefits are constantly being cut. I feel that if the Navy would increase benefits and protect the benefits of former service personnel, we would see a greater percentage of career personnel. There are benefits that we have and many individuals are not aware of them. I feel that we must educate all service personnel and make them aware of all of their benefits. Some of these benefits are non-taxable income and others are intangible, for example the benefit of the security one has as a member of the Navy. I feel that communication and a greater awareness of all benefits that a service person is entitled to would go a long way toward solving this problem.

Q. As a senior petty officer, what do you feel has been the most important thing you have contributed to your subordinates?

A. Probably the most important thing I have contributed to my subordinates was developing and implementing the Enlisted Inservice Training Program. As the Command Inservice Training Petty Officer, I was able to monitor and encourage continuing education in their professional

growth as dental technicians, and their growth as sailors in general military knowledge. This has been beneficial to the individuals as they work toward advancement in rate and also beneficial to the Navy as they continue to develop into more knowledgeable and responsible sailors.

Q. How do you feel about being selected as the GEOCOM Sailor of the Year?

A. Being selected as the GEOCOM Sailor of the Year has to be the highlight of my naval career. Believe me, this is an honor I'm very proud of, especially since I was selected from a field of the GEOCOM's most outstanding sailors.

Although Petty Officer Ebendick is too modest to mention it, he is involved in many worthwhile off duty endeavors. For the last four years, he has actively served as both a Lemoore High School Band Booster and Athletic Foundation Committee member. He has volunteered time to the American Cancer Society as a fund raiser and residential educator. Petty Officer Ebendick and his wife Emelia, and stepson Guy Powell, presently sponsor two foreign exchange students in their home, through the Central American Scholarship Program.

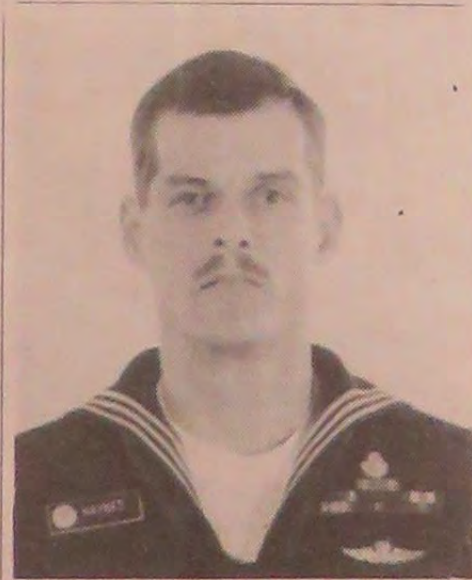
Finalists



JO2 Tammy S. Begasse
Naval Medical Command, Northwest Region
Workcenter: Public Affairs Office
Position: NORWESTER editor
Collateral duties: Color Guard member and Navy Exchange Advisory Board member
Date joined Navy: November 24, 1985
Awards: Navy Achievement Medal (2), Meritorious Unit Commendation, Philippine Presidential Unit Commendation and Navy Pistol Marksman (sharpshooter).
Husband: Wayne J. (JO2, USN)



HM2 Robert A. Calise
Naval Hospital, Bremerton
Workcenter: Branch Clinic, Puget Sound Naval Shipyard
Position: POIC of Military Health Records and Ambulance Dispatch Desk
Collateral duties: Assistant LPO of clinic watchbill, Tuition Assistance coordinator, Patient Contact representative and Duty Family Advocacy representative.
Date joined Navy: November 26, 1982
Awards: Navy Achievement Medal and Good Conduct Medal
Family: Gina M. (HM2, USN, wife) and Michelle and Kimberly (daughters)



HM2 Carroll E. Haynes
Naval Medical Clinic, Seattle
Workcenter: Education and Training Department
Position: Training Petty Officer
Collateral duties: PRT Coordinator and Military Training Network CPR Instructor Trainer
Date joined Navy: March 18, 1981
Awards: Navy Achievement Medal, Navy Unit Commendation, Good Conduct Medal, Fleet Marine Force Ribbon, Sea Service Deployment Ribbon, and Expert Pistol and M16A Rifle Ribbons
Family: Teresa (wife) and Tara (daughter)

No photo
available

DT2 David A. Hill
Naval Dental Clinic, Bremerton
Workcenter: Clinic
Position: Administrative Assistant and Dental Liaison Officer
Collateral duties: MEPERS Coordinator, career counselor and section leader for building maintenance
Date joined Navy: July 17, 1981
Awards: Navy Achievement and Good Conduct medals
Family: Carla (wife), and Sheryl, Steven, Shannon and Sarah (children)

Federal Corner

Donate Leave

By Penny Becchio, CIVPERS
Naval Hospital, Oakland

NAVAL HOSPITAL, OAKLAND — There is a new leave transfer program that permits federal employees to donate their unused accrued annual leave for the use of other Navy employees who are experiencing medical emergencies and who have exhausted all their annual leave and sick leave (as appropriate). A medical emergency is defined as a medical condition of

an employee or a family member of such employee that is likely to require the prolonged absence of such employee from duty and to result in a substantial loss of income to the employee because of the unavailability of paid leave. If you are in need of such a donation or know of an employee who meets the above definition, and to whom you wish to donate your annual leave, please contact Penny Becchio of Naval Hospital, Oakland's Civilian Personnel Detachment at (415) 633-6372 or (415) 633-6374, or you can contact your local base office.

Reel Business



Solitary Confinement has softened Max Washington (GREGORY HINES) leaving him torn between the struggle of life as a tap dancer and fast money in TAP from Tri-Star Pictures.

What's the Answer?

Question: Can I contribute to both my TSP account and my IRA?

Answer: Yes. Even though you are participating in the Thrift Savings Plan, you are still eligible to contribute to your IRA. The following IRS rules apply to IRA contributions:

- Anyone with wages can contribute up to \$2,000 per year to an IRA and defer taxes on the earnings.
- Contributions to an IRA are fully deductible from income for Federal tax purposes only if:
 - Neither you nor your spouse is covered by a retirement plan; or
 - Your adjusted gross income is \$25,000 or less per year on a single return or \$40,000 or less on a joint return. If your adjusted gross income is between \$25,000 and \$35,000 on an individual return, or between \$40,000 and \$50,000 on a joint return, you may still qualify for a partial deduction.

The Civil Service Retirement System (CSRS), the Federal Employee's Retirement System (FERS), and equivalent Government retirement plans are considered to be retirement plans for purposes of IRA eligibility. Thus participants in the Thrift Savings Plan must abide by the following general rules for Federal employees:

- A Federal employee whose compensation is less than the applicable limits referred to above may contribute up to \$2,000 per year to an IRA and may also take the IRA deduction.
- A Federal employee whose compensation exceeds the applicable limits may contribute up to \$2,000 per year to an IRA, but may not take the IRA deduction.

Your IRA provider can give you additional information about the way IRA rules may apply to your situation.

We want your questions! We'll provide you the answers!!

If you have questions in areas such as policies, procedures, benefits, or just want information regarding Federal Employee rights, here's an avenue to follow. Just complete the form and send it in — attention Sydney Santos/What's the Answer, Civilian Personnel Office, Naval Hospital, Oakland, Calif. 94627-5000. Mrs. Santos will provide the answer by individually contacting you or through the NORWESTER. (Editor's Note: The NORWESTER reserves the right to edit comments for journalistic style. All contributions become the property of the newspaper. "What's the Answer?" submissions will be selected at random for publication based on their timeliness of topics and geographic focus.)

Question (PLEASE PRINT CLEARLY):

Name/title:

Work Center:

Street Address:

Command:

City:

St:

Zip:

Thank You!

you are making a world of difference!

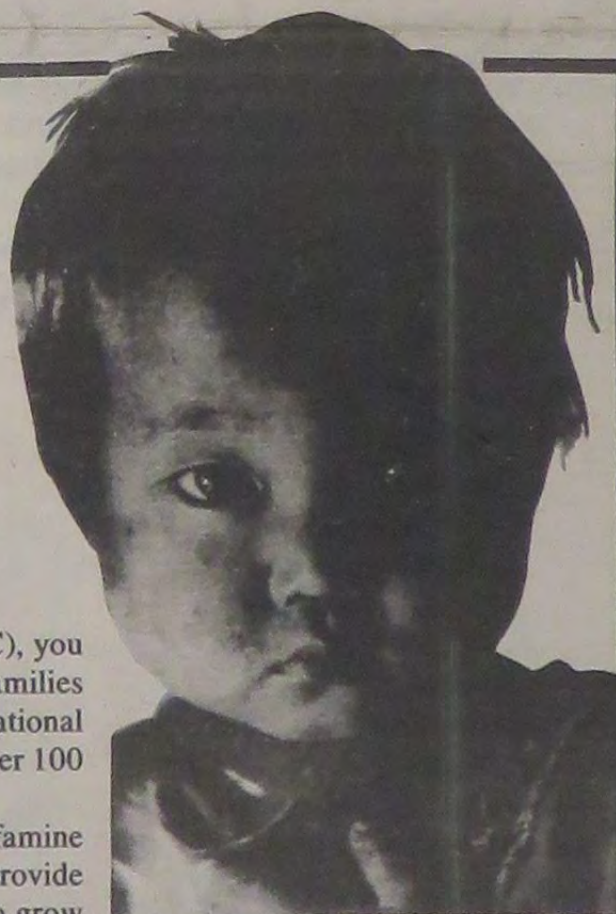
As a contributor to the Combined Federal Campaign (CFC), you are making a difference in the lives of so many impoverished families worldwide. Through your CFC contribution to the International Service Agencies, you are helping desperately poor people in over 100 countries.

ISA agencies are there—whether in times of natural disaster, famine or war...or, in teaching people how to help themselves. We provide emergency food, medicine and shelter, we teach people how to grow nutritious foods; we provide medical care and training; we provide clean water systems and we assist refugees.

Thank you for your contribution to ISA which is helping people to help themselves—building a brighter future for them and their families!

This is how your contribution is helping:

- \$ 5 ... saves the lives of 50 babies suffering from severe dehydration through easily prepared packets of oral dehydration salts.
- \$ 8 ... gives 1 blanket for a child in a refugee camp.
- \$ 10 ... cures 250 children suffering from intestinal parasites.
- \$ 14 ... provides enough rice seed for a farm family to plant, harvest and feed itself for 1 year.
- \$ 25 ... buys books and supplies to enable a poor child to go to school for 1 year.
- \$ 40 ... provides enough corn seed to plant, harvest and feed 8 impoverished families.
- \$ 50 ... provides enough food to feed 1,000 refugee children for 1 day.
- \$ 75 ... provides 100 chickens to start a village poultry and egg farm.
- \$100 ... immunizes 20 children against the six childhood killer diseases: measles, tetanus, whooping cough, tuberculosis, diphtheria and polio.



ACCION International - 0301
African Medical & Research Foundation - 0302
Africans - 0303
American Ireland Fund - 0304
American Jewish World Service - 0305
American Leprosy Foundation - 0306
American Near East Refugee Aid - 0307
CARE - 0308
Catholic Relief Services - 0309
Church World Service/CROP - 0310
Direct Relief International - 0311
Foster Parents Plan - 0312
Foundation/Peoples of the South Pacific - 0313
Freedom from Hunger Foundation - 0314
Heifer Project International - 0315
Helen Keller International - 0316
Institute for International Development - 0317
International Eye Foundation - 0318
International Rescue Committee - 0319
Oxfam America - 0320
Pan American Development Foundation - 0321
Pearl S. Buck Foundation - 0322
Planned Parenthood-World Population - 0323
Project CONCERN - 0324
Project HOPE - 0325
Save the Children - 0326
Technoserve - WORLD HARVEST FUND - 0327
Unitarian Universalist Service Committee - 0328
UNICEF, U.S. Committee for - 0329
World Education - 0330
World Relief - 0331
World Wildlife Fund - U.S. - 0332



INTERNATIONAL SERVICE AGENCIES

6000 Executive Boulevard, Suite 608, Rockville, Maryland 20852 • (301) 881-2468 • (800) 638-8079

People in the Region



NAVAL HOSPITAL, OAKLAND — Petty Officer 3rd Class Jacqueline S. Barnett, a personnel specialist assigned to Naval Hospital Oakland's Personnel Support Detachment, is sworn in during her recent reenlistment ceremony, performed by Captain Paul D. Barry, MC, Naval Medical Command, Northwest Region's assistant chief of staff for contingency and planning. Petty Officer Barnett's initial enlistment was as an active-reservist. Her current enlistment is on the Navy's temporary active reservists (TAR) program. Upon her reenlistment, Barnett and her family moved to New Orleans, where she is assigned to the Naval Air Station there. (Official U.S. Navy photo by HM3 Bobbie Brown, MedPhoto, Naval Hospital, Oakland)

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CLNC Bermerton

LCDR K.M. Shannon, NH Oakland

LT S.S. Stewart, NH Oakland

DTCS J.R. Hayes,

NAVDENCLNC SF

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see FMCPD next page

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Sports Stats

Sports Stats

Volleyball — games through February 13:

TEAM	WINS	LOSSES	PERCENT
Fil-AM	9	0	1.000
Radiology	7	1	.875
Grinders	7	2	.778
PMT School	5	4	.556
Physical Therapy	4	4	.500
Spikers	3	5	.375
Pharmacy	3	5	.375
OB/GYN	2	6	.250
Pediatrics	0	9	.000

-Basketball — games through February 15:

TEAMS	WINS	LOSSES	PERCENT
Physical Therapy	11	0	1.000
Terminators	9	2	.818
LTC	7	4	.636
Total Package	6	5	.545
Docs	6	5	.545
Orthopedics	4	7	.364
Pharmacy	1	10	.091
Neuropsychiatry	0	11	.000

"It is invariably the weak, not the strong, who court aggression and war."

—Gen. Thomas S. Power, USAF
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NAVCARE Walk-In clinics are a new approach to providing military beneficiaries access to primary health care. NAVCARE Oakland will be open 365 days each year — from 0700 to 2000 weekdays and from 0700 to 1600 weekends and holidays.

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Editorial

from p. 5

zations' (JCAHO) "Agenda for Change" pilot study. The study is looking at outcome as an indicator of excellence. The 17 hospitals participating nationwide provide the JCAHO with data on obstetrics and (soon) anesthesiology within their respective institutions.

In early October we were surveyed by the JCAHO, the major accrediting body of hospitals. The verbal report issued by this organization was very complimentary.

We recognize that access to care is the number one concern of our military beneficiaries. We have added the following services:

(1) A contract with a civilian physician-provider service for primary care, radiology, acute care and in March, the Emergency Room. This means more doctors and appointments available for patient care.

(2) A full-time Command Patient Contact Representative, Ms. Jana Egan, who will talk with any beneficiary about any problem, complaint or compliment. She can be reached at 478-9336, Monday through Friday during business hours. An answering machine will record after-hour calls for prompt action the next business day.

(3) A toll free line for appointments or any other patient-related need. This number, 1-800-422-1383, is available 24 hours a day.

(4) A CAT scanner has been purchased and will soon be installed. This essential piece of equipment will provide our physicians with greater in-house diagnostic capability.

(5) A state-of-the-art, sophisticated telephone appointment system has been purchased for installation and implementation in the near future. This will increase accountability within the system and decrease frustration for those trying to gain access to care.

We welcome the opportunity to serve. We are striving to provide more and better services, recognizing that our number one responsibility will always be to support the fleet.



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PCS moves may result in lower taxes

If you had a permanent-change-of-station move during 1988, you might be able to get back some out-of-pocket expenses Uncle Sam didn't cover, if you itemize deductions.

PCS expenses are considered as a miscellaneous itemized deduction that is not subject to the 2 percent of adjusted gross income limit. You must file IRS Form 3903, "Moving Expenses," and Form 1040.

PCS expenses that can be claimed include:

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- The cost of shipping the family pet;
- Charges for renting trailers, roof racks and other moving items;
- Extra expenses resulting from shipping your car overseas; and
- Added costs for exceeding your weight allowance.

All of the above may qualify as deductions, less any money the government paid you for your move.

There is no limit on the amount you can claim for moving household goods and traveling to your new location. But there is a limit on how much you can deduct for premove travel and temporary lodging. Premove lodging costs and expenses incurred in buying or selling a house cannot exceed \$3,000; not more than \$1,500 of that can be used for a house-hunting trip and temporary lodging.

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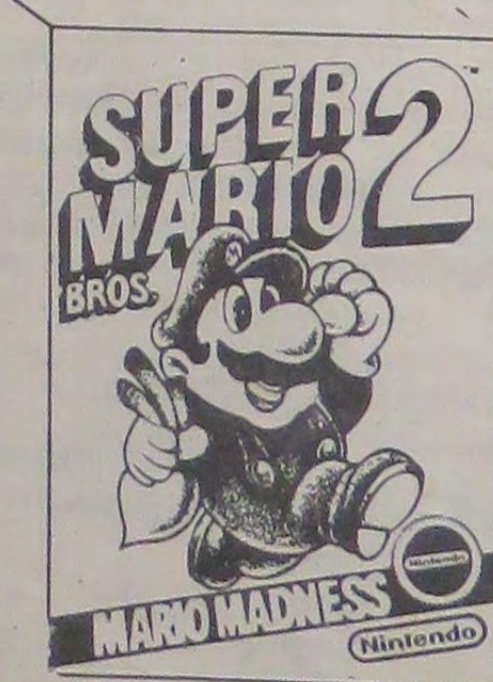
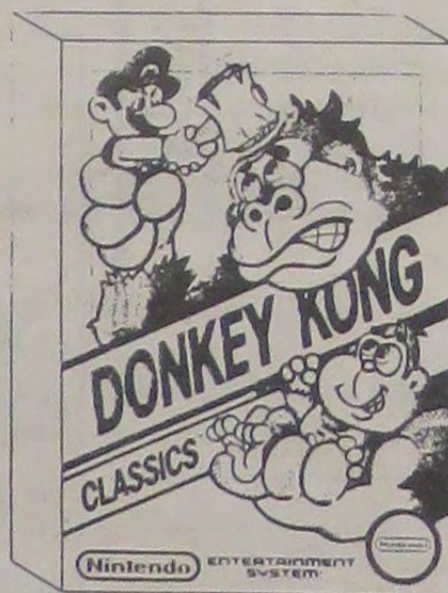
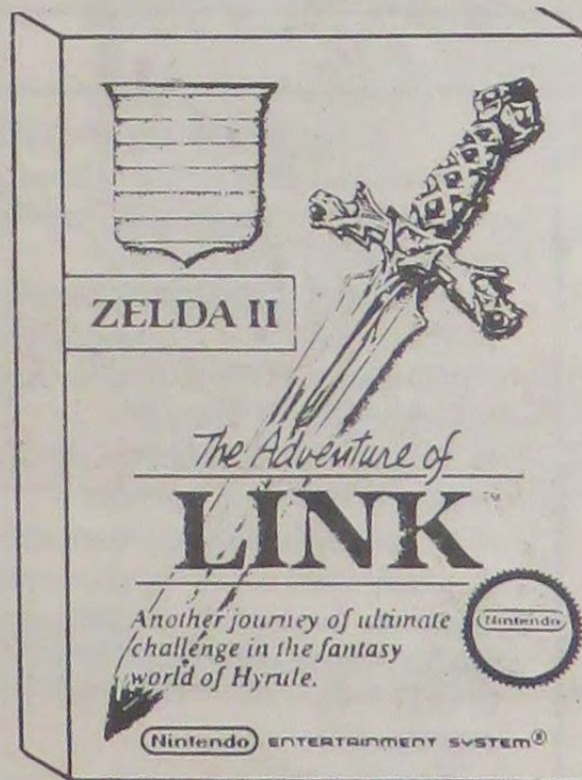
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March: National/Navy Nutrition & Women's History Month

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NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Friday, March 17, 1989

Vol. IV, No. 3

Oakland, Calif. 94627-5025

Children's Health Day: a fun way to teach kids about their teeth

By JO1 Dan Gulam
Norwester Staff

"A healthy smile shows your style," suggested the slogan for this year's national celebration of Children's Dental Health Month. And indeed, a lot of children are going in style today with "Hollywood" smiles, according to Captain Paul Lehman, DC, during Naval Hospital Oakland's (NHO) observance of Children's Health Day February 25 that emphasized the importance of good dental hygiene in the person's early life.

Captain Lehman, the hospital's director for general practice residency on dentistry and head, endodontic division, attributed the good news to both the use of fluoride in community water supplies and toothpaste and its topical application, and the military insurance program primarily centered on preventive dentistry.

Sponsored by the hospital's dental department, "Dental Health Day" was aimed at educating children in an entertaining way about their teeth and showing them how to take care of them. It was also designed to give parents a chance to have their children checked for possible dental problems and to ask questions about current den-



Lieutenant James M. Courey entertains Lieutenant John W. Watt's child prior to giving a dental examination. (U.S. Navy photo by JO1 Dan Gulam)

tal programs at NHO.

"Everyone went there to learn and to have some fun," said Lieutenant James M. Courey. "It was a good and effective way for kids and parents to get to know dental care."

Parents who brought their children for the annual event shared Lt. Courey's views. The non-threatening environment and the relaxed phase of the visit, they said, made the trip pleasurable and a pleasant learning experience. After all, as Captain Lehman's staff would tell you, a kid's visit to a dentist should be for a routine examination rather than for a painful toothache.

"We're big on better health, so I

took my children there," said Kalina Watt, wife of Lieutenant John Watt, a nurse who works at NHO's Ward 9-West. "Your teeth should last a lifetime. The sooner you think your kids are getting to be healthy, the better they will be."

"I always take my children to a dentist every six months," said Lieutenant Junior Grade Remy Labrador, a nurse assigned to NHO's nursery. "I want them to learn preventive dentistry while young, to keep their teeth healthy. And I do appreciate the effort put in by the dental department in its concern for kids to have a beautiful smile."

See KID'S DAY, p. 4



Lieutenant James M. Courey (right), a general practice resident at Naval Hospital, Oakland, gives a patient an oral examination while Dentalman Derek Harts (left) assists. The girl's younger sister watches while waiting for her turn. (U.S. Navy photo by JO1 Dan Gulam)

A lifetime decision: make good nutrition your choice

By Patricia Scorpio and
Karen Steen
American Dietetic Association

CHICAGO, ILL.—Today's busy schedules and changing lifestyles often tempt Americans of all ages to eat meals and snacks on the run — without considering the nutritional value of the foods they select.

Because we make so many food choices each day, it is important to make ones that will contribute to your health. According to ADA President Darlene Dougherty, RD (registered dietitian), "Eating well not only will help you feel better today, but will improve your

chances of maintaining your health the rest of your life. In fact, with so many nutritious foods available today, men, women and kids can be more in control and have an easier time of making food decisions."

Dougherty says, "It's never too late to take some small steps. For instance, when you wake up late, don't skip breakfast at home because you are behind schedule. This one meal can set you in the right nutritional direction for the rest of the day."

ADA offers some ideas for quick "easy-to-prepare" breakfasts: spread peanut butter on toasted

whole-grain bread for extra protein, add fruit — bananas, strawberries, raisins — to cereal, or make a breakfast shake with milk and fresh fruit or juices.

At lunchtime, order dishes low in fat and cholesterol, such as fish or chicken, or select moderate portions of lean beef. Often "appetizer-sized" portions are just enough to fill you up. Broiled or baked entrees, salads and fresh, lightly-steamed, or raw vegetables are also good choices. To keep the calories low, order salad dressing on the side so you can control how much actually ends up on the salad.

When a "snack attack" hits in the afternoon, don't feel guilty — just make healthy choices. Snacks can give you a real nutrition boost. For example, fresh fruit, unsalted pretzels, unbuttered popcorn, cereal with fruit, or crunchy, raw vegetables can satisfy your hunger until dinnertime. If you enjoy eating between meals, but are afraid you're getting too many calories, eat a little less at meals to compensate for the extra calories.

Developing a few simple tricks will help to ensure a successful trip to the grocery store every time. Make a grocery list that includes all the foods necessary to prepare

menus for one to two weeks. Stick to it and try to resist the temptation of special food displays. Eat something small, such as a piece of fruit or some plain crackers, before you leave for the store. Otherwise, if you are hungry, you will be likely to purchase items not on your list.

For kids, teens and adults, saying "yes" to good nutrition is easier than you might think. Because today's good nutrition is so important to tomorrow's good health, registered dietitians (RDs) remind you that good nutrition should be a lifetime decision. It's never too late to start!

San Francisco
TIMES
&
Portland Press

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Medically Speaking

Navy contracts for medical services

By LCDR George Dumbor
NAVMEDCOM, Washington, DC

NAVMEDCOM, WASHINGTON, DC — Under a series of recently awarded contracts, civilian medical organizations will provide selected staffing—primarily in emergency rooms at 19 medical facilities on Navy and Marine Corps installations within the United States. Two additional installations are expected to be added to the list in June.

The additional contract staff will expand the medical treatment capability at each of the installations and assure adequate staffing for emergency and routine care.

Faced with shortages of specialized medical care staff for the next several years, the Navy has opted to replace active duty staff at selected medical treatment facilities (MTFs) with civilian contract staff. The contract solution will free up active duty staff for specialty assignments elsewhere in the Navy medical community and will increase MTF staff capability to meet patient workload.

Each contract provides for payment on a fixed-cost-per-visit basis, with staffing levels based on estimated patient visits at each clinic or emergency room.

The value of the contracts for the remainder of fiscal year 1989 is

\$22.47 million. Contracts are renewable annually for each of the next four fiscal years and are valued at between \$40 and \$49 million each year.

Services range from contractors providing only emergency room physicians at two locations to contractors providing full emergency room staffing and routine sick call staffing at eight locations. The services provided at each locations are listed in the accompanying table.

Eight locations will be staffed by civilian contractors to provide full emergency room and ambulatory (routine sick call) care. (This service is known as EMAC, or emergency medicine/acute care.) The eight are:

Naval Hospital	Bethesda Md.
Naval Hospital	Patuxent River Md.
Naval Hospital	Camp Lejeune N.C.
Naval Hospital	Cherry Point N.C.
Naval Hospital	Beaufort S.C.
Naval Hospital	Charleston S.C.
Naval Hospital	Camp Pendleton Calif.

Naval Hospital	Bremerton Wa.
----------------	---------------

Four contracts provide for full emergency room staffing by the civilian contractors. The four locations are:

Naval Hospital	Corpus Christi Texas
Naval Hospital	Jacksonville Fla.

Naval Hospital	Millington Tenn.
Naval Hospital	Pensacola Fla.

Two contracts provide emergency room physicians only. These are:

Naval Hospital	Oakland Calif.
Naval Hospital	Long Beach Calif.

One contract covers staffing by emergency room physicians, nurses and physician assistants. (This service is known as physicians plus extenders. This location is:

Naval Hospital	Orlando Fla.
----------------	--------------

At two locations civilian contractors will provide emergency room physicians and nurses. These are:

Naval Hospital	Lemoore Calif.
----------------	----------------

Two contracts will provide full service routine sick call (ambulatory care). These locations are:

Naval Medical Clinic	Norfolk Va.
Naval Medical Clinic	Quantico Va.

In addition, contracts are still being negotiated to provide full service routine sick call (ambulatory care) at the following three locations (note that Jacksonville is in addition to the emergency room contract listed above):

Naval Medical Clinic	Annapolis Md.
Naval Hospital	Portsmouth Va.
Naval Hospital	Jacksonville Fla.

Chaplain's Corner

Easter

By Father Melvin J. Hary,
CDR, CHC
Naval Hospital, Oakland

Charley was mentally retarded. His physical health wasn't that good, either. Diabetes and other ailments made each year more uncertain. He looked frail at eighteen and on his better days he acted like a very grown up six-year-old. But he was well-liked in his special class for mentally retarded people because his classmates instinctively allowed for his obvious problems. "Charley's slow," they all agreed.

As Easter approached, their teacher encouraged the class to work on an Easter project. "Bring an ordinary egg shell, but fill it with something that reminds you of Easter," she instructed.

At the next class, all twelve students were anxious to show what they had done. Always first, Ingrid opened her eggshell and out of it flew a butterfly. They cheered and clapped as it flapped upwards. "What does Easter mean to you, Ingrid?" the teacher asked. "It's like being free and brand-new," she answered, "like a caterpillar who becomes a butterfly."

When Dan, the class grouch, opened his egg, he proudly

showed a rock. "What does the rock tell us about Easter, Dan?" the teacher asked, puzzled. A line annoyed and impatient, Dan said "Turn it over." There on the other side was some green moss. Dan was quite proud of his discovery of new life. The class clapped appreciatively.

By this time, Charley could hardly contain his enthusiasm. Finally, the teacher called on him. Unlike his usual demeanor, Charley rather dramatically and carefully opened his eggshell. There was nothing in it—it was empty. His classmates groaned disappointedly. "But, Charley, it's empty," the teacher complained. Charley stammered excitedly, "I know it's empty, just like Jesus' tomb... when he rose from the dead... big... and strong... and smart... and not slow anymore." His classmates looked at him in silence.

Charley died suddenly but not unexpectedly. His funeral was a tearful affair because Charley was a special person to many people. Amid the many flowers was a special remembrance. His friends from the special class got together and made Charley a going-away present. There, on his coffin were eleven eggshells... empty.

Corps school offers returnable quota

By HMCS(SW) Hudspeth
Naval Hospital, Bremerton

NAVAL HOSPITAL, BREMER-
TON — The returnable quota
program is designed to place stu-
dents recruited by the local com-
mand in a "C" School with the
understanding that the member
will return to his/her parent com-
mand upon graduation. This is an
excellent opportunity to fill local
billets for technician requirements
with motivated, qualified person-

nel and have those members re-
turned to the parent command.

Policies and guidelines include
the fact that there must be a valid
billet at the parent command to
which the member can return
upon completion of training. The
member will return to the parent
command until his/her projected

rotation date (PRD) or for two years
(minimum activity tour), which-
ever is longer; the school length
must be less than 180 days (26
weeks); navywide manning of the
NEC for which the candidate is
requesting a seat, must be less than
or equal to 90 percent of billet

authorized; time on station will not
be considered by NMPC, since the
local command is funding. The
student is technically TEMADDINS
from the parent command; the
member must state on the
NAVPERS 1306/7 that an exten-
sion/reenlistment to incur obli-
gated service for the NEC will be
executed prior to reporting to the
school candidates must be quali-

fied in all respect.

At the present time, schools el-
gible for this program include
Otolaryngology Technician (8446)
Pharmacy Technician (8482)
Operating Room Technician
(8483); and Basic Laboratory Tech-
nician (8501). For further infor-
mation contact your enlisted advisee
or your command career coun-
selor.

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Commander

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Other Calls: (415) 632-5514
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INFORMATION: (415) 632-7521

*NAVCARE Oakland
opened on
July 19, 1988



Critically ill or seriously injured patients should go to a hospital emergency room.
Services are provided by PHP Healthcare Corporation, Alexandria, Virginia, under contract to the U.S. Navy.

Medically Speaking

Stopping the burning process: 'Stop, drop and roll'

By LT Mary Kinney, NC
U.S. Naval Hospital, Yokosuka,
Japan

WASHINGTON (NES) — Stopping the burning process is the first priority in treating burns. Burns to the head, neck and upper extremities occur most often because an upright position causes flames to burn clothing and hair in a wick-like fashion. For this reason, "stop, drop and roll" has been emphasized in the popular safety slogan.

Next, all clothing and jewelry around the area of the burn should be removed for immediate cooling, in anticipation of swelling and to allow for adequate inspection of the burned area.

Some medical writers believe that if a burned area is cooled with cold water or ice within 15 seconds after the injury, the depth of the burn will be minimized. In contrast,

other authors say that very cold water or ice will cause further tissue death. In addition, iced dressings or ice water baths may unnecessarily lower body temperature and provide little, if any improvement over just cool water on extensive burn areas. In any event, the use of cool water only (avoiding the extreme temperature of ice) is preferred to reduce the temperature of the wound and prevent further harm to tissue immediately after the injury.

Powder burns should only be brushed from the skin and not rinsed with water as powders are frequently activated by water. Burns from liquid chemical solutions are best treated with continuous flushing or showering with copious amounts of water.

Do not apply first aid creams or butter to the burned area before going to the emergency room. Doing so may soothe the burn

temporarily, but removing these creams and ointments to see and assess the burn may be very painful due to exposed nerve endings.

Recent reports introduce the application of non-mentholated shaving cream to burns. The cream is soothing to minor burns, easily applied, inexpensive to use and washes off easily when you reach the emergency room. In theory, the shaving cream provides a cover to exposed nerve endings and reportedly has contributed to the pain relief of several patients. These reports have not yet been conclusively studied; therefore no research has confirmed the appropriateness of using non-mentholated shaving cream for relief from burns.

Burn patients need to be evaluated in the emergency room if there is any evidence of singed nasal or facial hair, hoarseness of voice, soot colored sputum or if the patient received burns in a confined space. These particulars will alert the emergency room physician to look for possible inhalation injury.

Life-threatening respiratory problems caused by smoke inhalation can result from decreased oxygen, carbon monoxide poisoning, or both. Patients may show very few signs of airway problems immediately after exposure to burning smoke; however significant swelling of the larynx in the windpipe may occur several hours after the exposure—this can be an emergency situation. Burn patients should tell the emergency room

See BURN, p. 4

News Briefs

WASHINGTON (NNS) Chief of Naval Personnel Vice Admiral J.M. Boorda and Surgeon General of the Navy Vice Admiral J.A. Zimble recently approved several measures to attract hospital corpsmen into independent duty assignments on submarine and ships. Corpsmen who volunteer will become nuclear submarine medicine technicians (HM-8402) or advanced to hospital corpsmen (HM-8425).

The incentives include reducing obligated service for training from 54 to 36 months, changing time-on-station requirements for assignment to medical "C" school from two years to 18 months, increasing selective reenlistment bonuses for HM-8402s and HM-8425s, and automatic advancement to E-6 for those qualified HMs who successfully train for independent duty.

COMNAVMECOM, WASHINGTON, D.C. Women's History Month, March 1989, provides a new perspective for looking at the past, at the courage, strength and tenacity of our foremothers and for imagining the future. It is this opportunity to expand our knowledge of the past and the new vision that provides the theme for Women's History Month, "Heritage of Strength and Vision." This is the time for all Americans to recognize the vital contributions women have made to the economic, political, cultural, military and scientific achievements of our nation.

WASHINGTON (NNS) Drug use by Navy people has decreased almost six-fold since 1980, with only 5.4 percent of today's force reportedly using illegal substances in the last 30 days compared to 33 percent eight years ago.

According to the defense department's fourth worldwide survey on substance abuse, heavy alcohol, tobacco and drug use have reached their lowest points ever for all the services. The decline in drug use among Navy people reflects the current societal trend toward becoming drug-free, and the effectiveness of Navy policies and programs directed at eliminating substance abuse.

For Navy people, marijuana use was down from 12.5 percent in 1985 to 7.9 percent in 1988, while use of other drugs dropped from 11.9 percent in 1985 to 8.1 last year. The survey also showed that heavy drinkers, those drinking five or more drinks per occasion at least once a week, now constitute just seven percent of the Navy population versus more than 12 percent in 1985. While heavy drinking declined significantly for all of the services, the survey recorded a dramatic drop in the average amount of alcohol consumed daily by Navy people, from 1.64 ounces to 0.92. The decline is attributed to Navy emphasis on deglamorizing drinking.

Navy people are also turning away from tobacco products. Cigarette smoking and smokeless tobacco use declined from 53.8 percent in 1980 to 43.8 last year. There are also fewer heavy smokers, with 24.6 percent of the Navy smoking one or more packs a day in 1988, down from 37.3 percent in 1980. The survey found the likelihood of smoking to be substantially higher among enlisted personnel than officers — 48.5 percent versus 20.7 percent respectively. Among officers and enlisted, seniors (E-4 to E-9 and O-4 to O-10) are more likely to smoke heavily than juniors. Twenty-six percent of senior officers and enlisted smoke heavily versus 16.4 percent of the juniors.

The 1988 survey represents the responses of more than 18,000 military members, of which more than 4,700 were Navy, from around the world.

Somewhere
a child lies crying

Somewhere
an old man shivers
in the dark

Somewhere
a family's dreams
burn to the ground

Somewhere
somebody needs help.

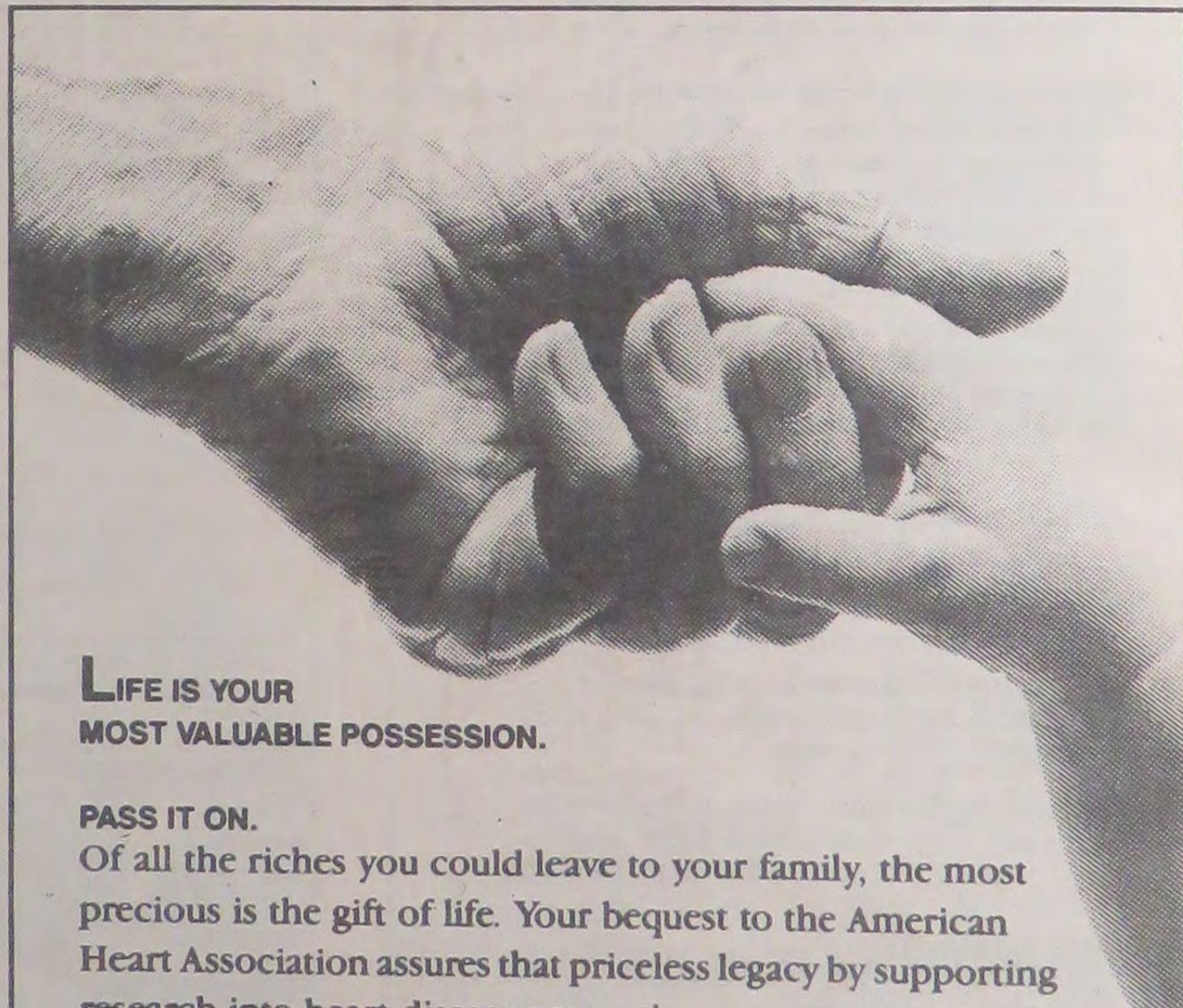
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This space provided as a public service.

Regional

Bridging the gap: the art of prosthetics

By LT James M. Courey, DC
Naval Hospital, Oakland

What is a dental bridge? It is a prosthesis that permanently fills the gap of missing teeth.

Several terms are often used to describe ways in which dentists may restore badly broken down teeth or replace missing teeth. A crown is a cemented metal restoration that replaces the structure, function and contour of the tooth. A dental bridge is essentially two or more crowns (called abutments) on either end of the missing tooth which is filed with artificial teeth suspended between the abutments (called pontics).

When is a bridge needed? In general, all missing teeth (except wisdom teeth) should be replaced. Front teeth are usually replaced for aesthetic reasons, but because posterior teeth do not show, they are often not replaced. Contrary to popular opinion, the dental arch does change and move slightly throughout life. The teeth support each other like stones in an arch-

way: when one stone is dislodged, the entire structure is disrupted and can collapse. Teeth adjacent to the missing tooth can drift into the space and the opposing tooth can protrude or over-erupt. This drifting may cause problems with chewing, speaking or swallowing and lead to sore teeth, temporomandibular joint (TMJ) problems or headaches.

How should a dental bridge be cared for? Fortunately, one does not "pay a toll" each time food crosses the bridge, but one must maintain and clean the bridge at least once a day with floss or some other mechanical cleaner under the bridge.

The power of a "water-pik" or some other non-mechanical cleaner is simply not enough to get the bridge clean, exposing the abutments to possible decay or gum disease.

There are many aspects in the fabrication and maintenance of a dental bridge. This is only one of the many services your dentist may provide to ensure a healthy dentition.

Regional Calendar

Act Now — The Oak Knoll Naval Guild is sponsoring a scholarship for military and their families attached to Naval Hospital, Oakland and its subordinates. Applications can be obtained from base career counselors. For further information, contact Maureen Aprill at (415) 799-1151. Application deadline is March 30, 1989 — Act Now!

March 26

Celebrate Easter at Naval Air Station Alameda's Commissioned Officers' Mess:

Brunch: 9:30 a.m.-1:30 p.m. Adults \$9.95; children (5-12) \$5.00; and children under 5, \$.45 per each year.

Dinner: 3-6:30 p.m. Adults \$12.95; children (5-12) \$6.00; and children under 5, \$.45 per each year.

Sports Stats

Naval Hospital Oakland's Intramural Standings
Basketball - games through Mar. 1, 1989

TEAM	WINS	LOSSES	PERCENT
Physical Therapy	11	2	.846
Terminators	11	2	.846
LTC	9	4	.692
Docs	7	6	.538
Orthopedics	6	7	.462
Total Package	6	7	.462
Pharmacy	2	11	.154
Neuropsychiatry	0	13	.000

Burn, from p. 3

staff when the last tetanus immunization was obtained. This is important because tetanus organisms find burn injuries favorable for growth and multiplication. Patients should also be sure to report any allergies or sensitivities they may have to sulfa products, which are contained in many topical medications used on burns.

If the burned area develops blisters, it is currently recommended that these blisters be debrided (medically removed) by emergency room staff members. In the past, unbroken blisters were considered a protective barrier over

tender wounds that should be left undisturbed. Recent literature now states that the only blisters that should remain intact are those found on the soles of the feet and the palms of the hands.

To relieve discomfort associated with burns, adults may take aspirin to relieve pain if they are not experiencing any flu-like symptoms. Aspirin is not recommended for children or infants. Aspirin is not only a pain reliever, but also possesses anti-inflammatory properties that will provide some comfort when taken as directed. Also, because of the fluid loss incurred with burns, it is a good idea to drink more NON-ALCOHOLIC beverages.



Andrea (top) and Sonia Zuniga show their enthusiasm during the Children's Dental Health Day held at Naval Hospital Oakland's dental annex February 25.

Kid's Day

from cover

The children were treated to a variety of amenities that include free dental examination, instruction on toothbrushing and fluoride application. There were also free balloons and movies to enjoy. Informative films about oral hygiene that featured Charlie Brown and his pals, and "Showdown at Sweet Rock Gulch" kept the children laughing.

Captain Lehman's staff was also a hit with the children, not only for their effective but funny antics to keep them interested, but most importantly in getting their message across: "A healthy smile shows your style."

Personnel of the dental clinic who volunteered their off-duty time with Captain Lehman to participate in the annual event included Lieutenants Michael Courey, David Lloyd, Linda Nesbitt, Gary Roberts; Dental Technician First Class Juan Ramon; Dentalmer Shelly Brooks, Danilo Dizon, Eric Flores, Derek Harts, Esther Lopez, Debra Mgbam, David Yates and Gayle Young.

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Question. How much annual and sick leave do I earn each year?

Answer. All full-time civilian employees earn 104 hours of sick leave per year (four hours each pay-period). The amount of annual leave earned depends upon the employees' length of service. Those with less than three years of service earn 104 hours of annual leave per year (four hours per pay-period). Employees with at least three, but no more than 15 years of service, earn 156 hours per year (six hours per pay-period). Employees with 15 years and over earn 208 hours of annual leave per year (eight hours per pay period).

We want your questions! We'll provide you the answers!!

If you have questions in areas such as policies, procedures, benefits, or just want information regarding Federal Employee rights, here's an avenue to follow. Just complete the form and send it in — attention Sydney Santos/What's the Answer, Civilian Personnel Office, Naval Hospital, Oakland, Calif. 94627-5000. Mrs. Santos will provide the answer by individually contacting you or through the NORWESTER. (Editor's Note: The NORWESTER reserves the right to edit comments for journalistic style. All contributions become the property of the newspaper. "What's the Answer?" submissions will be selected at random for publication based on their timeliness of topics and geographic focus.)

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New regs enacted

NAVAL HOSPITAL, OAKLAND — On March 14, 1989, new eligibility regulations were enacted for temporary employees. As of that date, employees will be eligible for enrollment in the Federal Employees Health Benefit Program provided they have completed one year of continuous service. They may choose any of the plans available to permanent employees, but will have to pay the full cost of those plans including the government share of the premiums. Temporary employees will be notified by individual letter as they become eligible for the health coverage.

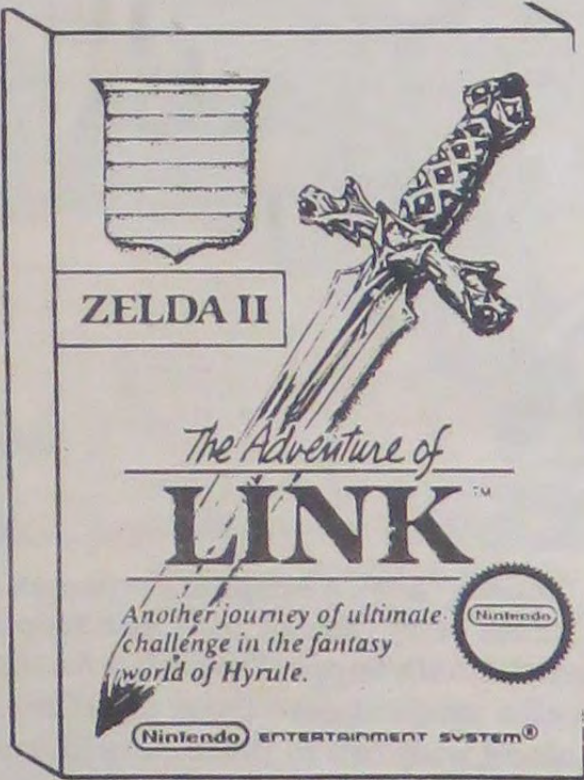


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Alameda branch medical and dental



Six-year-old Sunshine, daughter of FC2 Nelson A.M. Lee and Lorna R. Monastrial, is examined by Paula J. Andrews, pediatrics nurse practitioner. The branch medical clinic's Pediatric Clinic offers a full range of medical services to dependent children 12-years-old and under. The clinic staff includes a staff pediatrician, pediatric nurse and a registered nurse. FC2 Nelson is stationed aboard USS Carl Vinson (CVN-70), homeported at Naval Air Station, Alameda.



Petty Officer 3rd Class Lawrence Lindsey (left), a hospital corpsman assigned to the medical clinic's active duty sickcall clinic, takes Petty Officer 2nd Class Ralph Repuyan's blood pressure. Repuyan, a storekeeper assigned to ASD/Supply Division at Alameda, is one of many active duty military personnel who receive medical care from the clinic. Lindsey is one of five corpsmen assigned to the clinic, along with two to three Navy physicians who are assigned based on a case-load demand.



Petty Officer 1st Class Danilo J. Daco, leading petty officer of the medical clinic's pharmacy, takes inventory while Ekerett P. Essien, a civilian pharmacy technician, receives a prescription order from a visiting patient. The branch medical clinic, Alameda's pharmacy is staffed by a licensed pharmacist as well as Daco and Essien.

Story
JO2

NAVAL BRANCH MEDICAL AND DENTAL CLINICS, ALAMEDA — Taking care of military members who man our carriers, cruisers, and other homeported in the Bay Area seem enough for anyone to handle — especially when up to 10,000 sailors live aboard just one ship.

Add to that the members of aviation squadrons and MACV commands and, of course, people who work at the naval station itself — you have a population about the size of a city.

Now imagine being assigned to the medical and dental clinics located on the base with the responsibility of ensuring the health of those people...

That's what the personnel assigned to Naval Air Station Alameda's branch clinics are faced with each day. And, what's more, they carry out their mission providing quality health care to each and every member of the Navy family in the area with precision and dedication.

The services offered at the medical clinic are extensive: military sickcall, non-active duty clinic, pediatrics, immunization



With precision, Petty Officer 2nd Class Jeanette Roseberry separates blood serum from red cells. Roseberry, a hospital corpsman/laboratory technician is assigned to the medical clinic's main laboratory. The laboratory is staffed by three hospital corpsman/laboratory technicians.



A visiting patient at Alameda's branch medical clinic is positioned for a chest x-ray by Petty Officer 2nd Class James B. Diamond (right), a hospital corpsman/basic x-ray technician assigned to the radiology division. Diamond is one of three hospital corpsmen/x-ray technicians assigned to the division, along with one civilian.

Phics serve a population of a small city

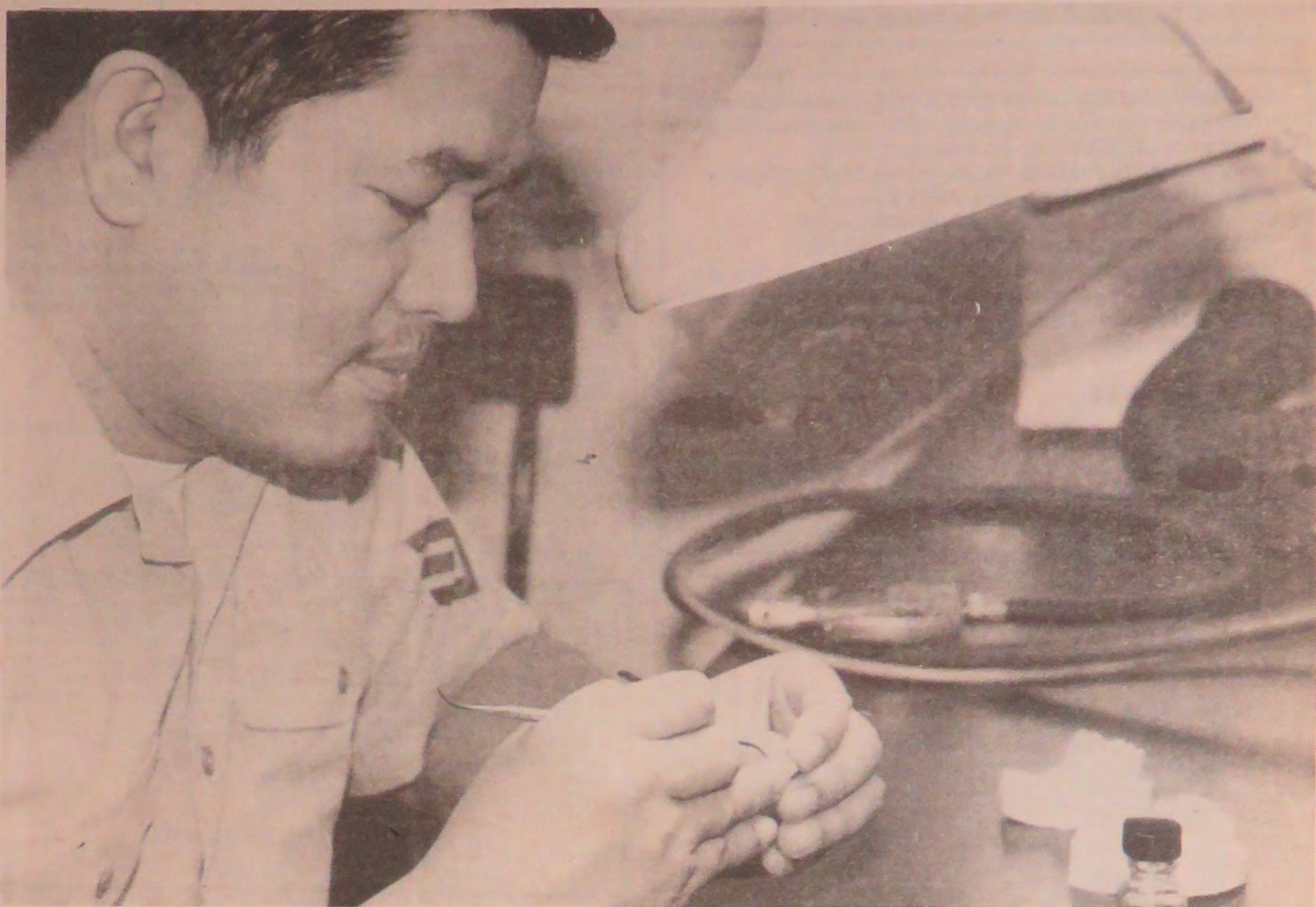
Photos by
Lasse

physical examinations, physical therapy, orthopedics, occupational health, optometry, occupational optometry and industrial hygiene. Then of course, there's the dental clinic — military sickcall, non-active duty clinic, periodontics, oral surgery, endodontics, prosthodontics and general dentistry.

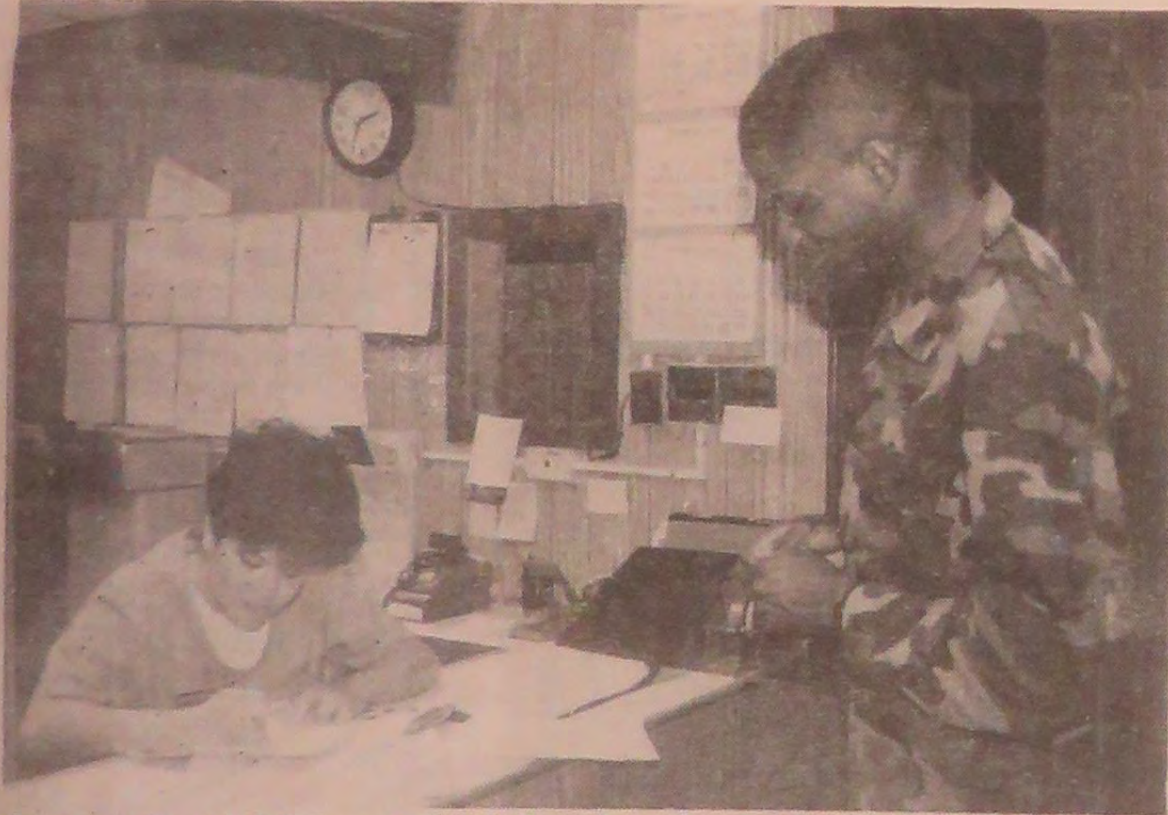
The medical clinic's 79-member staff treats an average of more than 10,000 people a month while the laboratory turns over about 8,000 procedures — that's more than 250 procedures a day. Radiology procedures are an average 900 monthly and the pharmacy processes more than 3,000 prescriptions a month.

On the other hand, the dental clinic's 19-member staff — with eight officers, nine enlisted and two civilians — carry out an average patient load of more than 9,000 each month.

So the next time you enter the doors of the medical and dental clinics at Naval Air Station, Alameda, take some time to remember what these dedicated and hard working specialists accomplish in a day — they provide health care to a community the size of a small city.



As evidenced by Petty Officer 1st Class Demetrio Rombiles's detailed work, waxing a crown is an exacting specialty performed in the dental clinic's prosthetics laboratory. Rombiles is the clinic's leading petty officer as well as the only dental technician holding a specialty in prosthetics. Captain Michael Lucas, the clinic's director and prosthodontist, runs the prosthetics laboratory along with Rombiles.



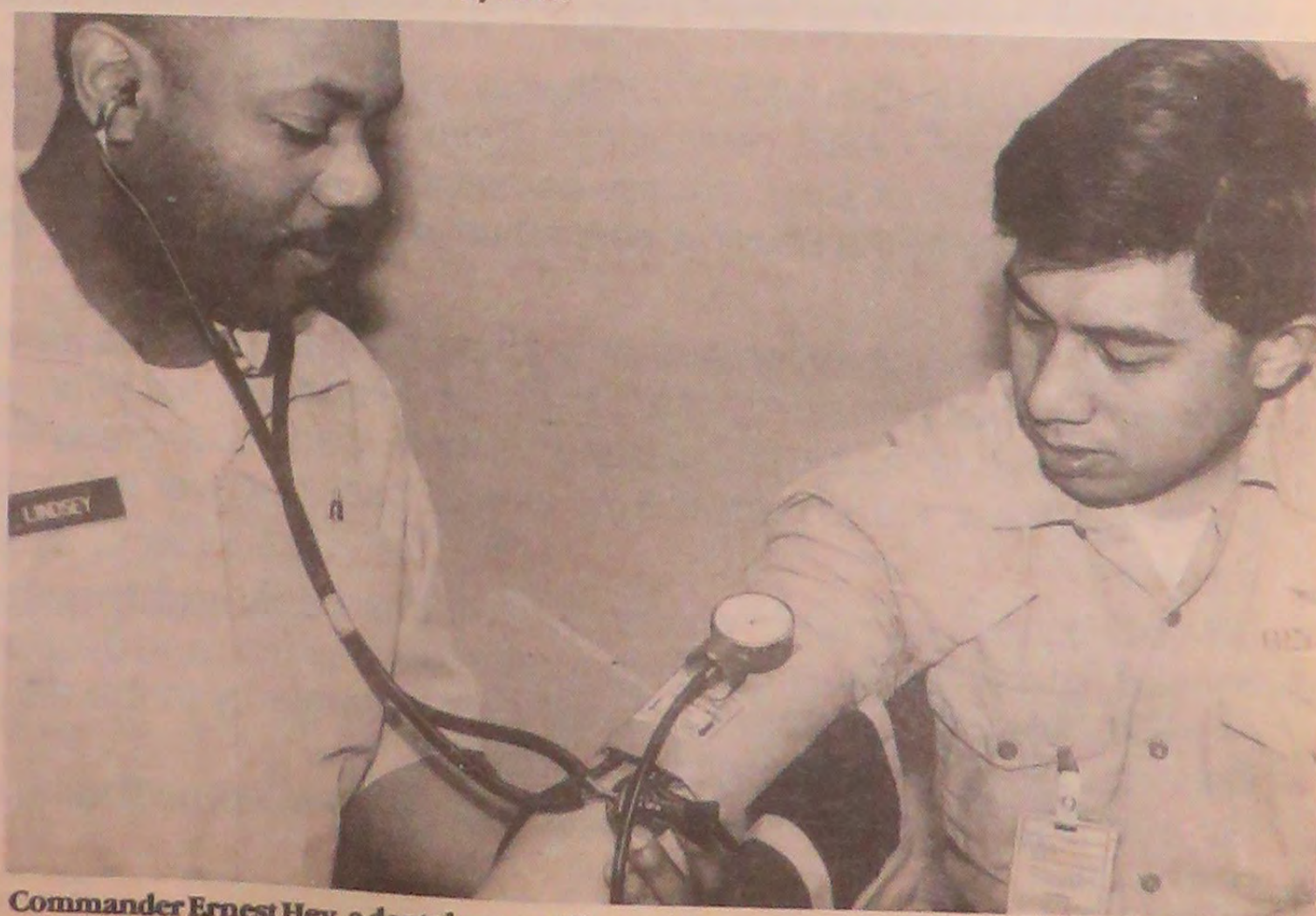
Marine Sergeant Derrick Johnson (right), assigned to MAG-42, discusses his dental needs with Dentalman Yolanda K. Taufasau (left) so preliminary paperwork can be processed before his examination. The dental clinic provides service to active duty personnel, retirees and their families.



STG2 Douglas R. William, SIMA detachment Treasure Island, heads for the branch medical and dental clinics located on Naval Air Station, Alameda, for a scheduled appointment. The clinics service an extensive population in the San Francisco Bay Area.



Lieutenant Pedro Javier, a dental corps officer assigned to the branch dental clinic, methodically works to restore a filling in a patient's tooth. Javier is one of four general dentistry officers assigned to the clinic.



Commander Ernest Hey, a dental corps officer with a specialty in periodontics, injects a patient with novocaine prior to performing required dental work on his patient. Referred to as the "main molar mender," Hey is one of eight dental corps officers assigned to the branch dental clinic in Alameda.

Classified

Publisher's note: Employment opportunity ads are accepted for the sole purpose of providing a needed service to military personnel who are retiring or separating from active duty. They are in no way intended to encourage active duty personnel to seek employment in the civilian sector. Those who are considering a career change are urged to make an appointment for a full and objective evaluation with a Navy Career Counselor.

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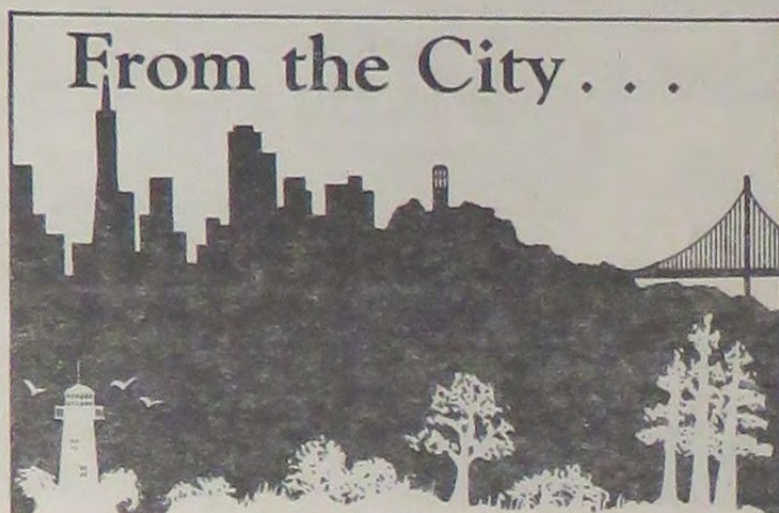
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We currently have positions available for Clinical Specialists/Senior Physical Therapists in orthopedic manual therapy. These are unique opportunities for skilled therapists to practice under an open physician referral system which expects independent evaluation and treatment in an ambulatory care setting. We offer excellent inservice education, educational leave and benefits.

Our Hayward Medical Center is also the site for an advanced residency program in orthopedic manual therapy. Opportunities are available for Clinical Specialists to occupy part-time faculty positions in the program. For further information, contact Karen Chinn, Director of Physical Therapy, Kaiser Permanente Medical Center, 27400 Hesperian Blvd., Hayward, CA 94545, (415) 784-4350.



RNs Located just minutes from San Francisco, our 127-bed medical center will provide you with a congenial atmosphere conducive to professional growth and challenge. Benefits include: employer paid educational leave, continuing education programs and outstanding family medical/dental/vision care package and the ability to transfer between our facilities without losing valuable seniority. We currently have opportunities available in: MED/SURG EMERGENCY ROOM DEPT. For consideration send your resume or contact: Cindy Relucio Personnel Dept. 1200 El Camino Real South San Francisco, CA 94080 We are an EEO/AA Employer. Minorities, women, handicapped and veterans are encouraged to apply.



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Fremont, CA 94537

Attn: Pharmacy Program

or call (415) 498-2133

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Call Cory Morales collect at (415) 944-6799 or send resume to:

**RX Dept. /Cory
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Walnut Creek, CA 94596
EOE**

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—Joseph Pulitzer

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This medical center is also the site for an advanced residency program in orthopedic manual therapy with opportunities for clinical specialists in the Physical Therapy Department to occupy part time faculty positions in the program. For further information, contact:

Karen Chinn, Director of
Physical Therapy,
Kaiser Permanente Medical
Center,
27400 Hesperian Blvd,
Hayward, CA 94545.
415-784-4350.

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KAISER PERMANENTE
Dept. of Anesthesia
ATTN: CRNA Supervisor
4647 Zion Ave.
San Diego, CA 92120
(619) 584-5291



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STAFF PHARMACIST

Santa Clara Valley Medical Center is seeking staff pharmacists to work on a rotating schedule for various shifts. Positions currently available in both outpatient clinics (day shift) and the hospital.

CA pharmacist license required. For further information contact: Steve Calvert (408) 299-5794.

A full time staff pharmacist position is currently available on a day shift in the new county jail. Previous clinical experience preferred. For further information contact: Beatrice Kuhn (408) 299-3018.

Interested applicants send application or resume to:

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751 Bascom Ave.
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LVN

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Min. 1 year of recent experience in Nuclear Medicine. C.N.M.T. certification desired. Resumes alone will not be accepted.

For information and application contact:

Gloria Flores-Garcia,
Personnel Dept.,
Kaiser Permanente Medical Center,
280 W. MacArthur Blvd.,
Oakland, CA 94611.
(415) 596-6175.

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Staff RNs Emergency Part-Time/Evenings Three benefited positions are currently available for RNs with 6 months of acute care nursing experience within the past 2 years, plus emergency room or critical care experience. A cardiac course completed within the past year may substitute for experience. ACLS preferred, or completion within the first six (6) months of employment. You must be available for weekends and holidays as needed.

For more informations, contact Barbara Kujawski at (415) 780-3114, or apply in person at: 1150 Veterans Blvd., Redwood City, CA 94063.

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Marla
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Unit E
Ontario, California
91761
Phone (714) 983-7776

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Please send your resume to:

Sandra Gartland
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Overland Park, KS 66210

We accept resumes on a continuing basis.
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Marion Morelli, RN/ADNS
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(203) 628-0364
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Radiologic Technologists

Kaiser Permanente, Redwood City's fast-paced innovative neurosurgery center is seeking 3 full-time and 4 on-call Radiologic Technologists. Applicants must be graduates of an AMA approved school, have a CRT license and recent experience in an acute care hospital. Successful candidates will receive CT and Special Procedures training and will rotate in all aspects of diagnostic radiology. Shifts are variable; starting salary range is \$12.88 to \$14.30/hr depending on experience. A 10% differential will be paid for all work performed in the CT and Special Procedures Dept. Kaiser Permanente offers excellent health and dental benefits, paid educational leave and tuition reimbursement. Interested candidates should contact Debbie Flat at (415) 780-2472 or Barbara Kujawski at (415) 780-3114.

Personnel Dept.,
1150 Veterans Blvd.,
Redwood City,
CA 94063.

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EOE/M/F/V/H

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California Childrens Services has immediate openings for PT's, CA license or eligible and registered OT's. Pediatric experience desirable. Positions throughout northern and southern California. Competitive salaries and benefits, civil service. For further information call Mary Ryan, RPT at (213) 620-2840 or send resume to: California Childrens Services, 107 S. Broadway Rm. 2011, Los Angeles, CA 90012. We accept resumes on a continuing basis. EOE

PHARMACISTS

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(206) 328-1760

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PHYSICAL THERAPY Opportunities in Southern California. Videotape of physical therapy opportunities available. Choose the specialty, location and population with which you prefer to work. Openings in the San Fernando Valley include: acute, rehab, outpatient and home health. comprehensive benefit package including three weeks paid vacation and recently revised salary range. Experience personal job satisfaction while pursuing professional excellence. To receive, at no obligation, VHS video, brochure, or additional information contact Dennis Powers, M.S., P.T., THERAPEUTIC ASSOCIATES, INC., 1227 Viscano Dr., Glendale, CA 91207. Days: (818) 953-4430, Evenings: (818) 247-2067.



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RNs TELEMETRY

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LVN's/TELEMETRY

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RN/OR Orthopedic Charge Nurse

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RN/OR General Surgery Clinical specialist

Minimum three years operating room experience in acute care setting.

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Per diem positions, all shifts.

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ALVARADO HOSPITAL MEDICAL CENTER

6655 Alvarado Road
San Diego, CA 92120

Attn: Nursing Administration

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Author seeking 1945-46 Oak Knoll endocrinology studies of Dr. Yan-kowitz or Jankowicz (spelling unknown) on malnutrition cases, especially World War II POWs, at Oak Knoll Naval Hospital for book. Any information or suggestions on how to confirm name and locate his papers please contact: R. V. Young, PO Box 291310, Los Angeles, CA 90029.

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Psychotherapist full-time position for experienced EAP consultant in Cupertino/San Francisco office. Must be licensed/certified in California with excellent skills in diagnosis/brief therapy. Formal training in substance abuse assessments required. Teaching/workshop skills required. Send resume with salary requirements to:

Ann Walton-Smith, Ph.D.
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Network, Inc.
10050 North Wolfe Road
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- Med/Surg
- Neurology
- Pediatrics

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To apply send resume to: Personnel dept. Attn: Anne McGrane 1150 Veterans Blvd. Redwood City, CA 94063 (415) 780-3111 We are an EEO/AA Employer. Minorities, women, handicapped and veterans are encouraged to apply.



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Recruiting Office: 1-800-458-6723

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Kuakini
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347 North Kuakini Street • Honolulu, Hawaii 96817

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213/485-2441

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NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Friday, March 31, 1989

Vol. IV, No. 4

Oakland, California 94627-5025

Navy Medicine Blue Ribbon Panel: a commitment to high-quality care

By Admiral C. A. H. TROST
Chief of Naval Operations

WASHINGTON, D.C. — Every individual who has entered the naval service since World War II, whether as an active duty or a family member, has received an important promise: that he or she would receive high-quality caring medical treatment for the duration of service, or upon retirement from a naval career.

For most of the past 40 years we have made good on that promise. Navy doctors were recognized as some of the best in the world. They were on active duty in adequate numbers to treat most of our eligible beneficiaries. In recent times, however, it has been increasingly difficult for us to fulfill this impor-

tant moral obligation. We have had to tell increasing numbers of dependents and retirees to seek care from civilian practitioners through the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) and, as medical costs rose, to pay more for that privilege. At the same time, CHAMPUS costs rose to nearly a third of the \$3.6 billion that the Navy spends annually on medicine.

This situation was unacceptable. The Navy's senior leadership recognized that something had to be done — not just because of our spiraling health care bill, but because we could no longer allow circumstances to force us into breaking our promises to the 814,000 active duty Navy and Marine Corps personnel and nearly 1.7 million other

beneficiaries who relied on us to provide them medical care.

In May 1988, Secretary of the Navy William Ball and I agreed to establish a Blue Ribbon Panel (BRP) which would carefully study the forces affecting Navy medicine and make specific recommendations to allow us to correct deficiencies and become more responsive. Secretary Ball directed the panel to report before the end of the year.

The panel was considered so important that it was chaired by the Vice Chief of Naval Operations. Its other members were also very senior Navy leaders who were in positions to implement recommendations in very short order once they were approved.

The BRP came to six general conclusions. Foremost among

these, from the average medical care recipient's point of view, is the understanding that we must more fully use existing treatment centers to provide better in-house care. This means getting the patient back into the naval hospital or clinic where he or she may be seen by

caring and concerned Navy doctors in a prompt and efficient manner. This is not an abstract goal, but a firm commitment. It is simply an example of "taking care of our own," a Navy tradition which will not wither on my watch. See PANEL, next page

CHAMPUS Prime: now available in Bay Area

By Jane L. Rimer
Public Affairs Manager
Foundation Health Plan

SACRAMENTO, CALIF. — As of March 1, 1989, Champus beneficiaries living in the San Francisco Bay Area are now able to enroll in the new CHAMPUS Prime health care plan. This program is offered as an alternative to standard CHAMPUS, which remains available.

CHAMPUS Prime is an enrollment program that operates much like a Health Maintenance Organization. Beneficiaries receive health care from a network of participating providers at reduced costs while enjoying the added benefits of managed care, such as the elimination of claims forms.

To participate in CHAMPUS Prime, beneficiaries must be enrolled in the Defense Enrollment Eligibility Reporting System.

People who are eligible for CHAMPUS Prime or any CHAMPUS program are:

- Active Duty Dependents
- Military Retirees and their Dependents
- Survivors of Deceased Military Personnel

People who are NOT eligible for CHAMPUS Prime or any CHAMPUS program are:

- Medicare eligibles
- CHAMPVA beneficiaries
- Active Duty Personnel.

Some of the benefits included under CHAMPUS Prime are:

- elimination of annual deductibles (as opposed to \$50 per person or \$100 per family per fiscal year under Standard CHAMPUS);
- elimination of claim forms filing;

- \$5 cost share for outpatient health care from participating civilian providers (as opposed to a 20% to 25% cost share under standard CHAMPUS);

- for Dependents of Grade E-4 and below, no cost share for primary care services from participating civilian providers (as opposed to 20% under standard CHAMPUS);

- \$750 maximum charge per admission to Retirees, Dependents and Survivors of Deceased Military Personnel for inpatient care at participating hospitals (as opposed to \$210 per day or 25% of the billed charges — which ever is less — under standard CHAMPUS);

- no cost share to Active Duty Dependents for inpatient care at participating hospitals (as opposed to \$25 or \$8.05 per day — which ever is higher — under standard CHAMPUS);

- new benefits such as periodic physical exams, wellness classes and immunizations;

- A CHAMPUS Service Center, staffed with Registered Nurses, called Health Care Finders, and Beneficiary Services Representatives;

- Health Care Finders who coordinate treatment in the military and civilian communities to assure beneficiaries receive the most appropriate care;

- Beneficiary Services Representatives who answer questions and help beneficiaries enroll in and use the program. Briefings on the new CHAMPUS programs are given in the Conference Room at NAS Alameda Branch Clinic every Wednesday at 1 p.m. For further information or requests for group briefings, please call the CHAMPUS Service Center at the Naval Hospital Oakland, (415) 430-3500, or Presidio of San Francisco, (415) 561-0650, or your local base CHAMPUS office.



USNS MERCY (T-AH 19)— (Above) Senior Chief Petty Officer T.O. Webb, the leading chief hospital corpsman aboard USNS Mercy (T-AH 19), briefs Lieutenant General F.F. Ledford (right), the Army's surgeon general, and Colonel N.P. Ninos, Chief Letterman Army Medical Center's Intensive Care Unit and deputy commander (selectee of the San Francisco Medical Command (SFMC), on Mercy's assets and operational capabilities. General Ledford was in the Bay Area recently on a familiarization tour of SFMC, a joint venture between the Army and Navy, and to visit Letterman. (Left) General F.F. Ledford tours USNS Mercy (T-AH 19)— one of the Navy's 1,000-bed floating hospital ships. (Photo by SN Mark Herrington)

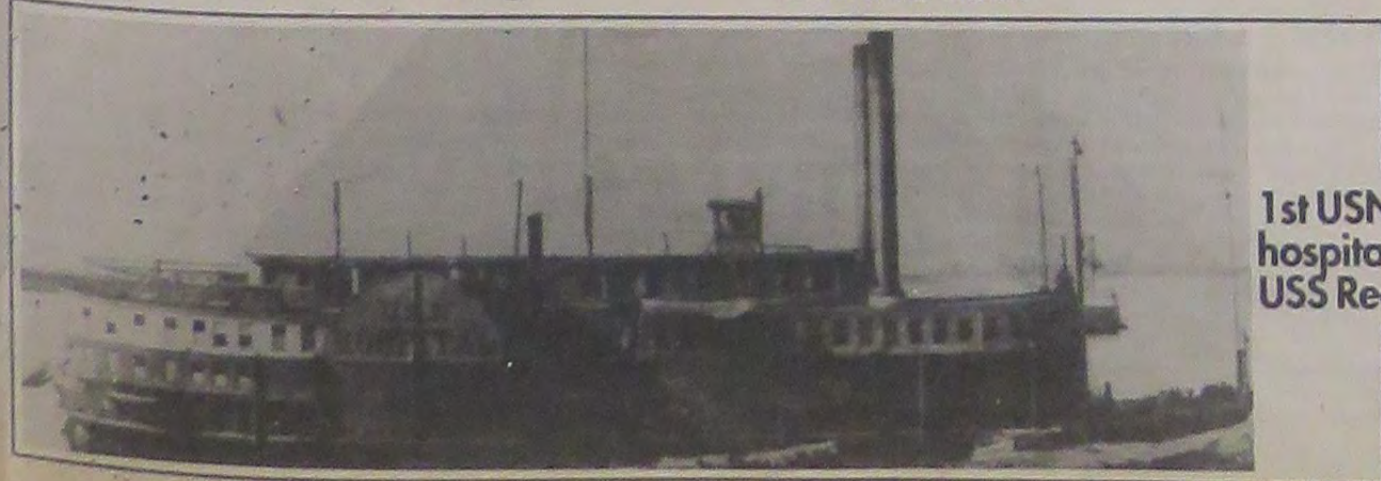
Policy reiterated: courtesy to patients will be enforced

NAVAL MEDICAL COMMAND, WASHINGTON, D.C. — To reiterate medical department policy outlined in Chief of Naval Operations message of October 1988, patients are to be addressed courteously by their name and title/rate/rank. The practice of addressing patients by their last names alone is to be discontinued. The standing policy is to be applied equally to active duty members, dependents of active duty, retired members, and their dependents.

To facilitate compliance with the

message, the rank/rate for active duty and retired uniformed service members is to be written in pencil, above the name on the front of the outpatient health record jacket. This action is to be taken by clinic and medical record personnel when the service member presents himself or herself for treatment and provides proof, by way of uniform or identification card, or his or her current rank.

Naval Medical Command Instruction 6150.1 shall be revised accordingly.



1st USN
hospital ship
USS Red Rover

Medically Speaking



Eating out can be healthy

By Patricia Scorpio and Karen Steen,
American Dietetic Association

CHICAGO, ILL.— There's no escaping it. More and more Americans eat out. Nearly half of all food dollars (46 percent) are spent on meals consumed outside the home. In a typical month, nine out of ten Americans will purchase one fast food meal, according to one industry source.

Eating out doesn't have to do your diet or waistline in, says Darlene Dougherty, RD (registered dietitian), president of the Ameri-

can Dietetic Association (ADA). This March, in celebration of ADA's National Nutrition Month, Dougherty offers practical tips to help consumers enjoy dining out the healthful way.

"You don't have to sacrifice taste for nutrition, if you make careful choices," she explains. As an example, Dougherty cites the fork-dip-stab method of using sauces and salad dressings: "Order your dressing on the side, then dip your fork into the dressing and stab the food. You get flavor in every bite and considerably less calories."

One significant problem en-

countered when eating out is the "cleanplate" syndrome. "Many Americans have been taught to clean their plates not to waste food. Ironically, the food often still goes to waist, due to eating unnecessary calories," says Dougherty. She suggests leaving some food on the plate and asking for a doggie bag. To prevent accidental nibbling, ADA's president advises putting a napkin over your plate.

"When dining out, if you leave about half the food on your plate, you're way ahead of the game, regardless of what you ordered, because your calories are now cut in half," according to Dougherty.

GEOCOM to host Sailor of the Year luncheon

The Naval Medical Command, Northwest Region will host a luncheon in honor of the region's Sailor of the Year and finalists on April 12 at Oak Knoll's Officers Club starting at 11 a.m.

Petty Officer 1st Class Garret H. Ebendick, dental technician, the region's Sailor of the Year, will lead the panel of honorees that include the "cream of the crop" from echelon 4 commands.

Representatives from various Medical Department Commands, the Chamber of Commerce, Navy League, Fleet Reserve Association, Navy Reserve Enlisted Association and Non-Commissioned Officer Association will be on hand to make their presentations and lend support to the annual event.

Officers, enlisted military personnel, retired military personnel

and civilian employees are invited to attend. The luncheon, which features roast steamship round with "all the trimmings" as its main course, costs \$6 per person. Reservations should be made no later than April 7 by close of business. For further details, call Chief Petty Officer Bernie Bernardino at 633-6202, or you can see him at his office, Contingency Operations Department, Building 67B.

GME opportunities expand

NAVAL MEDICAL COMMAND, WASHINGTON, D.C. — On February 6, the Deputy Chief of Naval Operations (Manpower, Personnel and Training) approved a significant expansion of the Full-time Outservice (FTOS) Program for physicians. This will increase our future supply of physician specialists and subspecialists. Although the critical wartime specialties will be emphasized, there are opportunities for all specialties and some subspecialties. The primary target populations include physicians leaving the Navy this summer to pursue civilian residency/fellowship training and qualified individuals outside the Navy training programs. (Physicians in the Naval Reserve are also eligible to participate in the program.)

The additional billets will be available for the next several years, improving the opportunity for Navy physicians to receive residency training — the Navy's best retention tool.

Individuals who participate in the program will be in an active duty status. Trainees draw full pay allowances based on prior service, current service and prior training.

The obligation incurred for participating is one year for each year of training with a minimum of two years active duty service payback. Full-time Outservice trainees in

clinical programs are covered by the provisions of Title 10, Section 1089 of the United States Code, which renders them immune from personal liability or damages arising out of any act of professional negligence alleged to have been committed while acting within the scope of employment as a medical officer. A memorandum of understanding between the Naval Medical Command and civilian institutions is established, requesting them to provide the navy physician the same liability protection they provided their other trainees.

In addition to pay and allowances, payment for the following items will be provided, when essential for training — normal tuition, books, building use fees, student activity fees and laboratory fees.

Applicants for this program must complete a graduate medical application or contact the Office of the Special Assistant for Graduate Medical Education (MEDCOM OOD5) to reactivate an application maintained at the command. Prior to submitting an application, please contact Captain D.G. Reinert, Medical Corps or Ms. M.L. Jarwin for additional information and assistance. They may be reached at autovon 294-1262 or commercial (202) 653-1262.

Panel,

from cover

To ensure we are able to fulfill this commitment, we must simultaneously move ahead with other initiatives: give top priority to our medical education and retention programs, develop systems to better measure medical performance and measure this performance against high but realistic standards, ensure our changes are cost-effective, let our beneficiaries and Congress know what changes are required and why and continually monitor our progress to ensure that our medical system more effectively meets the demands placed on it.

We cannot be certain, but it appears that Congress will support these recommendations with the funds needed to implement them. Changes may not be immediately apparent, but you should see tangible improvements within a year.

Some examples of the new programs are: hiring more administrative personnel to relieve doctors of these tasks and allow them to treat more patients, lengthening Hospi-

tal Corps "A" school and increasing the number of corpsmen attending advanced schools to improve their medical training, expanding the Health Care Finders program to aid patients in finding reasonable priced private medical care when necessary, elimination of geographic medical commands and clinics commands to put more medical personnel back into patient care duties and streamline the chain of command, obtaining state-of-the-art medical equipment and improving the performance of our contractors.

The Blue Ribbon Panel is a significant milestone for Navy Medicine and a major step forward in giving our Navy family access to high quality medical care. The programs that will result from the BRP report are a demonstration of the Navy's commitment to giving Navy families the care they deserve and were promised when they signed on. Navy leadership will not waver from that commitment.



Chief of Naval Operations, Admiral C.A.H. Trost. (U.S. Navy photo)



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What makes a leader? "Communication, effective communication, is a leader's eye on his environment every bit as much as the radar is a navigator's eye on a darkened harbor ... A leader's willingness to listen, and I mean sincerely listen, is probably the single most important factor in the morale of a ship, squadron or unit ... Another fundamental quality of leadership is experience ... Experience is the bedrock of self-confidence and the confidence that others have in you. Effective leaders have both.

— Chief of Naval Operations Adm. C.A.H. Trost,
March 9, at the commencement ceremony
of the Senior Enlisted Academy.

Medically Speaking

Rear Admiral Lichtman: Military medicine is still the best

Rear Admiral David Lichtman
Commander
NAVMEDCOM NWREG

There have been many interesting articles in the national and local media lately about the burgeoning costs of health care in this country.

The business section of Newsweek Magazine's January 30 edition, for example, carried a lengthy article, "Can You Afford to Get Sick?" and the San Francisco Examiner had run a story the day before with the headline, "Sickening Rise of Health Care Costs." Both articles detailed the rapid rise in medical costs and the corresponding changes in health care insurance.

The days of employees choosing their own doctors and employers paying for most of the costs are on the way out. Newsweek reported that only 28 percent of insured workers were enrolled in that traditional kind of insurance in 1988, as compared to 96 percent in 1984. By 1988, 18 percent were enrolled in health maintenance organizations (HMOs), in which they may only receive care approved by the HMO; 11 percent in preferred provider organizations, in which they must choose doctors from a list; and 43 percent were covered by managed fee for service plans, in which hospitalizations may require prior approval.

At the same time, according to the San Francisco Examiner, a 51 percent jump in medical costs in the last 5 years has meant that American workers are being required to pay more for their health benefits, with both copayments and medical deductibles going up. Health care spending was about \$541 billion in 1988, or 11 percent of the Gross National Product. In comparison, in 1965 health care spending represented only 6 percent of the GNP.

What does the rising cost of health care on a national scale have to do with us in military medicine? Everything.

The money being spent on military medicine has in no way kept pace with the rise in medical costs and salaries in the civilian econ-

omy. As a result, we are plagued with highly visible deficiencies. True, our health care professionals are top-notch and our quality assurance programs have become the model for all to emulate; but by and large our equipment is growing older and access to health care has become more difficult. The chronic shortage of active-duty nurses and ancillary support personnel is becoming more acute. And even though the Navy medical department is making every effort to cope with this lack of resources, we are faced with increasing criticism all around.

It is obvious to me that those who are quick to criticize haven't paid much attention to what is happening in the civilian community. If they had, they might reconsider their position on the magnitude and cause of our deficiencies.

One of our dilemmas in military medicine is that we have been forced to contract with civilian providers to solve our access problems, just when the problems in the civilian community have become almost insurmountable. It makes much more sense to acquire more military doctors, nurses and ancillary technicians, along with the equipment they need, to see more patients in our own hospitals.

What is it that fuels rising civilian medical costs?

Newsweek pointed out several factors. Among them is fear of malpractice suits and the practice of defensive medicine. In the military, we aren't saddled with this problem to any significant degree.

A second reason for the dramatic rise in civilian costs is a result of our free enterprise system. Most medical administrators in the civilian sector run "for profit" hospitals, where making money is very much a factor. Physicians, too, have been blamed for the rise in costs from excessive use of prescriptions, lab tests and surgical procedures. Obviously, these factors do not apply in our case; the military and



Rear Admiral D.M. Lichtman, commander, Naval Medical Command, Northwest Region and commander, San Francisco Medical Command. (U.S. Navy photo)

its personnel are not turning a profit in government hospitals and clinics.

A third factor is the AIDS epidemic. AIDS has become an important economic consideration in the civilian sector; Newsweek says medical costs for new AIDS cases alone could approach \$6 billion in 1991. AIDS is not a major cost factor for us since we have an extensive screening program and our rate of infection is low.

In short, many of the issues which drive up costs and decrease access don't really come into play for us in the Navy. We have ways of controlling costs and quality that the average civilian administrator would be delighted to have. We closely monitor and control our QA programs; we carefully scrutinize our practitioners' credentials before we allow them to practice in our hospitals; and we have the means to strictly control utilization of health care resources.

In spite of this, we have been forced to contract with civilian providers on an increasing basis to solve our problem of access to care. By civilianizing military medicine, we are keeping our promise to our beneficiaries whom we said we would always care for. But we are paying top dollar for this service, and we are not necessarily getting the same quality we ourselves could provide.

The Blue Ribbon panel on Navy

NewsBriefs

WASHINGTON (NNS)—Does the United States need 15 carrier battlegroups? Chief of Naval Operations Admiral Carlisle A.H. Trost told congress the country cannot get by with any fewer.

"Such a feat is simply not possible without a reduction in commitments and a concomitant increase in risk. Every chairman of the Joint Chiefs of Staff since World War II has validated minimum-risk warfighting requirements for over twenty carrier battlegroups, and our planned number of deployable carrier battlegroups reflects a minimum in every sense."

Testifying before the House Appropriations Subcommittee on Defense earlier this month, Trost said, "The carrier remains the only way to take tactical aircraft to sea," and that those aircraft are "the arbiter of sea control on the maritime battlefield." Trost also said 15 aircraft carriers are needed to allow reasonable operational schedules for battlegroup sailors while meeting commitments abroad.

"To maintain even a semblance of home life for our sailors by keeping deployments to only six months, we need at least 15 deployable carriers."

WASHINGTON (NNS)—The senate voted 92 to 0 to approve Congressman Dick Cheney (Rep.-Wyo.) to be the next secretary of defense.

SAN DIEGO (NNS)—Federal agents are investigating a phone call to a Los Angeles radio station from a man who said his group — the guardians of the Islamic revolution — was responsible for a March 10 car bombing in San Diego. That incident nearly claimed the life of the wife of USS Vincennes' (CG-49) skipper, Captain Will Rogers III.

Sharon Rogers was stopped at a red light when a bomb on the underside of her van exploded at 7:45 a.m. local time. A nearby construction worker helped Rogers to safety just before flames engulfed and destroyed the van. Shaken but uninjured, Rogers was taken to a nearby hospital.

The FBI said it will investigate the unidentified man's claim, but has not tied the bombing to a "particular cause, motive or group." Meanwhile, investigators continue to sift through debris from the scene for clues that could determine who is responsible.

WASHINGTON (NNS)—Last month, Chief of Naval Personnel Vice Admiral J.M. Boorda made several changes to the high year tenure policy. The policy establishes maximum service limits for sailors in order to control the numbers of people in navy ratings and reduce advancement stagnation.

Under the policy change to OPNAVINST 1160.58:

— E-4s and E-5s can now request waivers to high year tenure.

— TAR personnel now have separate waiver criteria from regular navy (USN) personnel.

— Third class petty officers who fail to meet advancement criteria and do not have an approved waiver will now be assigned an RE-4 reenlistment code.— Third class petty officers must complete a page 13 entry that stipulates they advance to E-5 when reenlisting for programs with a six-year obligation or be separated.

For more details on these changes, contact your career counselor.

Medicine has recognized what is happening in the civilian community (see accompanying article, page 1, on the Blue Ribbon panel, by Admiral C.A.H. Trost, Chief of Naval Operations) and has recommended that Navy Medicine be provided with the resources,

equipment and manpower to fully utilize our own treatment facilities, using primarily military staff. When that happens, I know we will be able to deliver the most efficient health care available in America today. And the quality will be unsurpassed.

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Federal Corner

What's the Answer?

Question. If I enroll for family coverage on my Federal Employees Health Benefit (FEHB) Plan, who may I list as dependents?

Answer. Eligible family members include only the employee's:

- Spouse;
- Unmarried dependent children under the age of 22, including legally adopted children, recognized children born out of wedlock and stepchildren and foster children who live with you in a regular parent-child relation; and
- Any unmarried dependent child over the age of 22, who becomes disabled before age 22 and is incapable of self-support because of disability.

The employee's parents or others not listed above are not family members under FEHB law, and even though they may live with or be dependent upon you, are not eligible for coverage.

We want your questions! We'll provide you the answers!!

If you have questions in areas such as policies, procedures, benefits, or just want information regarding Federal Employee rights, here's an avenue to follow. Just complete the form and send it in — attention Sydney Santos/What's the Answer, Civilian Personnel Office, Naval Hospital, Oakland, Calif. 94627-5000. Mrs. Santos will provide the answer by individually contacting you or through the NORWESTER. (Editor's Note: The NORWESTER reserves the right to edit comments for journalistic style. All contributions become the property of the newspaper. "What's the Answer?" submissions will be selected at random for publication based on their timeliness of topics and geographic focus.)

Question (PLEASE PRINT CLEARLY):

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Eight Scholarships awarded

The Federal Personnel Council recently announced its Annual Scholarship Award Program. The council will award eight \$1,500 scholarships to children of federal employees and youths employed under the Youth Opportunity

Program.

Scholarship application forms and full details are available in your civilian personnel department.

Hurry! The nomination deadline is April 29.

Nominate now!

Nominations are being accepted for the 1989 Outstanding Federal Employees with Disabilities Awards. This is an opportunity to publicly honor individuals who have demonstrated dedication and enthusiasm in the workplace while at the same time overcoming severe disabilities.

Activities are to submit an original and nine copies of the nomination to their appropriate headquarters command in sufficient time for nomination reviews, selection of the most deserving candidates and the forwarding of the

nominations to the Department of Navy Awards Review Panel (DARP), before April 29. Nominations need to include: a narrative of the nomination; biographical data sheet; black and white, 8 x 10 photographs of nominee at the worksite — include name of nominee and activity on the back of each photograph; and, a signed release by nominee authorizing use of the pictures and accompanying information for program promotion.

Contact your civilian personnel office for local deadlines.

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Special sports edition

Sports



Conference date set

The 40th annual conference of the National Intramural-Recreational Sports Association (NIRSA), will be held April 7-12 at the Denver Tech Center in Denver, Colo.

This year's agenda will include many workshops, seminars and professional presentations on all aspects of recreational sports. Special military sessions are available.

Members of NIRSA, an organization of universities and colleges throughout the United States and Canada, encourage all athletic/sports directors to attend.

For additional information, contact the Central Pacific Sports Conference Recreation Office at (707) 646-3436/4289 or autovon 253-3436/4289.

NAS Alameda defeats USS Carl Vinson, 100-84

Naval Air Station Alameda defeated USS Carl Vinson (CVN-70), 100-84, during the Central Pacific Sports Conference Regional Men's Basketball Championships held January 28—February 4. Fourteen teams participated in the double-elimination tournament held at Naval Station Mare Island. Naval Station Mare Island finished in third place.

Seaman Bryan A. Malcolm (right), Naval Hospital Oakland's Food Service Department, breaks three cinder blocks with his forehead. Malcolm holds a 2nd degree black belt and teaches Tae Kwon Do at the hospital. (Left) Petty Officer 2nd Class Vince G. Easi, a hospital corpsman assigned to the Northwest Region's Dece-

dent Affairs Overseas Office, holds a board that Petty Officer 1st Class James D. Hicks breaks with a side kick. Hicks is an aviation boatswain mate assigned to excess/plant property at Naval Hospital Oakland. Easi and Hicks attend the Tae Kwon Do classes held at the base gym. (U.S. Navy photos by SN M. Herrington)



Moffett Field takes basketball championships

Naval Air Station Moffett Field defeated Naval Air Station Lemoore, 93-44, taking the championship game during the Central Pacific Sports Conference Regional Women's Basketball tournament held at Naval Air Station Alameda, February 4-5.

USS Samuel Gompers (AD-37) and Naval Hospital Oakland placed third and fourth, respectively.



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Sports Stats

Scores & Standings

Central Pacific Sports Conference

Powerlifting Championships

Women's Division	Bench Squat	Dead Press	Lift	Total
132-lb Class (uncontested)				
1 - Robin Lee	165	105	225	495
NSGA Skaggs Island				
148-lb Class (uncontested)				
1 - Brenda Kalin	200	160	285	645
NSGA Skaggs Island				
Men's Division	Squat	Press	Lift	Total
148-lb Class				
1 - John Freeman	315	275	375	965
NAS Alameda				
2 - Ron Farris	315	225	330	870
NAS Fallon				
181-lb Class				
1 - Wayne Greengard	405	335	490	1,230
NAS Alameda				
2 - Bren Dell	445	315	465	1,225
NAS Fallon				
220-lb Class (uncontested)				
1 - Greg Elrite	425	340	475	1,240
NAS Fallon				

Outstanding Lifter — Wayne Greengard

Team Standings:

- 1 - NAS Alameda (men)
- 1 - NSGA Skaggs Island (women)2 - NAS Fallon (men)
- 3 - NSGA Skaggs Island (men)

Men's Basketball

Team	Wins	Losses
NAS Alameda — Champions	14	2
NAVHOSP Oakland — Runners Up	13	3
NAS Moffett Field	12	4
NAVSTA Treasure Island	10	6
USS Enterprise	8	8
NAVSTA Mare Island	7	9
USS Gallant	4	12
NWS Concord	3	13
NSGA Skaggs Island	1	15

Billiards Championships

14.1 Continuous Pocket Billiards

- Champion - AT1 Don Davies, NAS Lemoore
- Runner Up - LCDR Jimmy Hirakawa, NAS Lemoore
- 3rd - MM3 Frank Morris, NAVSTA Mare Island
- 4th - DP1 Ken Kabelis, FNOC Monterey

Team Standings:

- NAS Lemoore, 11 pts. — Champions
- NAVHOSP Centerville Beach, 5 pts. — Runners Up
- NAVHOSP Oakland, 3-1/2 pts.
- FNOC Monterey, 3-1/2 pts.
- NAS Moffett Field, 3 pts.
- NAVSTA Mare Island, 3 pts.
- NAS Alameda, 1-1/2 pts.

Men's Volleyball League

Final league standings:

Team	Wins	Losses
NAS Alameda - Champions	17	1
NAS Moffett Field - Runners Up	15	2
NAVSTA Mare Island	9	8
NAVHOSP Oakland	8	9
NAVSTA Treasure Island	4	13
NSGA Skaggs Island	0	17

Men's Volleyball Championships

Team	Wins	Losses
NAS Alameda - Champions	5	0
NAS Moffett Field - Runners Up	4	1
NAVSTA Treasure Island	3	2
NAVHOSP Oakland	2	3
NAS Lemoore	1	4
NAVSTA Mare Island	0	5

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And keep the feeling growing.

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Regional Calendar

Reunion — If you were stationed at Naval Air Station Corpus Christi, Texas between 1963-1967, worked in the squadrons or main-side, and would like more information on a reunion to be held October 1989, please contact: Ginger (Schumann) Daniels, (817) 526-4704; Fran (Luft) Benson, (402) 494-8731; or Sidney (Hagerman) Engberg (312) 690-8517.

April 13 — Oak Knoll Naval Guild presents a Spring Fashion Show and luncheon to be held at the Naval Hospital Oakland Officers' Club. For more information, contact Linda Rieger, Oak Knoll Naval Guild, (415) 889-0427. *** Join the Oak Knoll Naval Guild now and receive one-half off your membership — only \$6.00 during the "1/2 Price Sale". Contact Jane at (415) 635-3667 for more information.

April 17 — Mediterranean Cooking Classes. The cuisines of the Mediterranean countries are known for their generous use of fresh herbs, garlic and olive oil. The same can be found in great California cooking. Christopher-Robin will prepare Mediterranean-inspired California dishes ... for a mere \$6 (includes recipes and samples). Classes are limited, so RSVP by April 14 for the class that will be held from 5-7 p.m. Just contact the Naval Air Station Alameda Family Service Center at (415) 869-4111.

April 19 — Make it a smooth PCS move. Are you moving this summer? Take the stress out of PCS by attending NAS Alameda Family Service Center's smooth move seminar. The guest speaker will be Lee Pierce, head of the Entitlements Division at Naval Supply Center, Oakland. Lee will take you through the logistics of moving, including: personal property shipment, traveling tips, storage and coping with relocation stress. Just call Diane at (415) 869-4111 to register.

Good News! Save \$\$\$

If CHAMPUS is your primary health insurance carrier, you may be interested in two new government approved programs:

- CHAMPUS Prime**
- \$5 office co-pay (no charge for primary care services for E-4 and below)
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- CHAMPUS Extra**
- Reduced cost-share levels
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Call 1-800-242-6788 for more information on these valuable new programs.

Nor'Words

Question. Women's History Month — March 1989 — provided a new perspective for looking back at the past; at the courage, strength and tenacity of our foremothers and for visualizing what lies ahead.

In your opinion, what foremother best exemplifies this year's theme "Heritage of Strength and Vision" and why?

Members of the Northwest Region speak out ...

Thomas L. Conant
Social Services Assistant
Alcohol Rehabilitation Department
Naval Hospital, Oakland

"Eleanor Roosevelt. She showed the world what it was to be an American and great humanitarian. She was a leader in changing the traditional roles of women."



LT Karla M. Seyb-Stockton,
CHC, USNR
Staff Chaplain
Naval Hospital, Oakland

"The women I think of most as having strength and vision are the pioneers — the thousands of women who ventured into unfamiliar territory. Some went because of their families and ended up alone, some went for the sense of adventure and the promise of a better life. But one thing is sure, their hard work and sacrifice is a model for women pioneers in all times and places."



HM2 Michael Presley
Outpatient Administration
Naval Hospital, Oakland

"Harriet Tubman. She stood for courage and outstanding valor in the face of danger. She represented honor for herself and people."



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Come to San Francisco's best street fair

The 4th Annual West Portal Avenue Spring Festival!

Over 50 celebrated artists, craftspeople, jewelers and antique dealers from the Pacific Fine Arts Festival group will join with the merchants and shops West of Twin Peaks in San Francisco's unique West Portal shopping district for a gala 3-day weekend of entertainment, bargains, good food and community-public service demonstrations celebrating the theme...

"Spring has sprung!"

Friday, April 21

- 11 to 4 pm SF SPCA Adopt-a-Pet station open
- 12 noon A.P. Giannini Middle School Band concert
- 1 to 3 pm Con Hall duo entertains
- 3 pm Herbert Hoover Middle School Band concert

Saturday, April 22

- 8 to 11:30 am Pancake Breakfast (by Cafe for All Seasons chefs)
Wells Fargo Parking Lot...\$4 general/ \$3 Seniors
- 10 to 12 pm .. Life of the Party Rock Band Concert
- 11 to 12 pm .. Ann Healy Irish Dancers
- 11 to 1 pm Book signings at Waldenbooks:
Carlyle the Pig by Patricia Carpenter
San Francisco-Treasure Island, 1939-1940
by Paul Totah
- 11 to 4 pm SF SPCA Adopt-a-Pet station open
- 1 to 3 pm Con Hall duo entertains
- 2 pm SFPD Canine Corps demonstration
- 2 to 4 pm San Francisco-Treasure Island: the World's Fair

Friday, April 21

- 11 to 4 pm SF SPCA Adopt-a-Pet station open
- 12 noon A.P. Giannini Middle School Band concert
- 1 to 3 pm Con Hall duo entertains
- 3 pm Herbert Hoover Middle School Band concert



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Publisher's note: Employment opportunity ads are accepted for the sole purpose of providing a needed service to military personnel who are retiring or separating from active duty. They are in no way intended to encourage active duty personnel to seek employment in the civilian sector. Those who are considering a career change are urged to make an appointment for a full and objective evaluation with a Navy Career Counselor.

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Kaiser Permanente, one of the nation's leading health maintenance organizations provides quality health care to some two million members in multiple locations throughout Northern California.

We currently have positions available for Clinical Specialists/Senior Physical Therapists in orthopedic manual therapy. These are unique opportunities for skilled therapists to practice under an open physician referral system which expects independent evaluation and treatment in an ambulatory care setting. We offer excellent inservice education, educational leave and benefits.

Our Hayward Medical Center is also the site for an advanced residency program in orthopedic manual therapy. Opportunities are available for Clinical Specialists to occupy part-time faculty positions in the program. For further information, contact Karen Chinn, Director of Physical Therapy, Kaiser Permanente Medical Center, 27400 Hesperian Blvd., Hayward, CA 94545, (415) 784-4350.



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For immediate consideration, please call Kay Ko, PharmD, Director, Pharmacy Services, at (415) 991-6488, or send your resume to her attention at Seton Medical Center, 1900 Sullivan Ave., Daly City, CA 94015. Sponsored and Operated by the Daughters of Charity of Vincent de Paul. EOE m/f/h/v.



Seton
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Submit confidential resume (including CA license number) to:

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Attn: Pharmacy Program
or call (415) 498-2133

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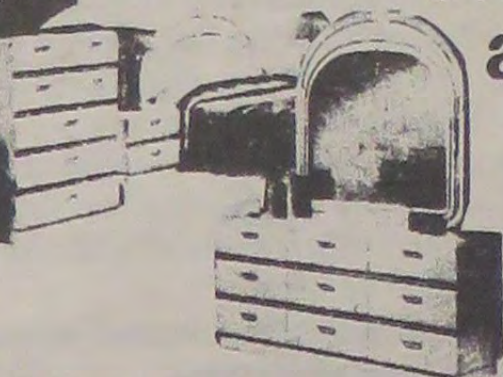
PHYSICAL THERAPIST and OCCUPATIONAL THERAPIST

California Childrens Services has immediate openings for PT's, CA license or eligible and registered OT's. Pediatric experience desirable. Positions throughout northern and southern California. Competitive salaries and benefits, civil service. For further information call Mary Ryan, RPT at (213) 620-2840 or send resume to: California Childrens Services, 107 S. Broadway Rm. 2011, Los Angeles, CA 90012. We accept resumes on a continuing basis. EOE

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Radiologic Technologists

Kaiser Permanente, Redwood City's fast-paced innovative neurosurgery center is seeking 3 full-time and 4 on-call Radiologic Technologists. Applicants must be graduates of an AMA approved school, have a CRT license and recent experience in an acute care hospital. Successful candidates will receive CT and Special Procedures training and will rotate in all aspects of diagnostic radiology. Shifts are variable: starting salary range is \$12.88 to \$14.30/hr depending on experience. A 10% differential will be paid for all work performed in the CT and Special Procedures Dept. Kaiser Permanente offers excellent health and dental benefits, paid educational leave and tuition reimbursement. Interested candidates should contact Debbie Flat at (415) 780-2472 or Barbara Kujawski at (415) 780-3114,

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Nuclear Medicine Technologist Kaiser Permanente Medical Center, Oakland has an immediate opening or a qualified full time Sr. Nuclear Medicine Technologist. Must possess a current CA Medical Technologist or Nuclear Medical Technologist license B.S. degree, N.M.T.C.B. or A.S.C.P. or A.A.R.T.

Min. 1 year of recent experience in Nuclear Medicine. C.N.M.T. certification desired. Resumes alone will not be accepted.

For information and application contact:

Gloria Flores-Garcia,
Personnel Dept.,
Kaiser Permanente Medical Center,
280 W. MacArthur Blvd.,
Oakland, CA 94611.
(415) 596-6175.

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THESE POSITIONS ARE OPEN TO WOMEN AND MEN
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TEHACHAPI, CA 93561

You will be notified when to apply for the next available exam. CCI encourages women and minorities to apply.
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- PHYSICIANS/SURGEONS • Starting salary \$5200/month
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Submit confidential resume (including CA license number) to:

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"Miracle" baby Elsa going great one year later See pages 6 & 7

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Friday, April 14, 1989

Vol. IV, No. 5

Oakland, California 94627-5025

Dick Cheney: new Secretary of Defense

By American Forces Information Service

Dick Cheney — a six-term congressman from Wyoming — is the new secretary of defense.

Cheney has experience in both the executive and legislative branches of government.

Cheney was born Jan. 30, 1941, in Lincoln, Neb. He moved at a young age with his family to Casper, Wyo.

He earned BA and MA degrees in political science from the University of Wyoming in 1965 and 1966, respectively.

His public service career began in 1965, when he served as an intern in the Wyoming State Legislature. He served on the staff of the governor of Wyoming and then as an assistant to Wisconsin Rep. William A. Steiger.

From May 1969 through December 1970, Cheney served as special assistant to the director of the Office of Economic Opportunity. From then through September 1971, he was deputy to the White House presidential counselor. From September 1971 to March 1973, he was assistant director for operations of the Cost of Living Council.

After that, Cheney left government to become vice president of Bradley, Woods and Company

Inc., an investment advisory firm.

He returned to government in August 1974 as deputy assistant to President Gerald R. Ford. In November 1975, he was named assistant to the president and White House chief of staff. He held that post through the Ford administration, leaving in January 1977.

Cheney was elected to Congress in 1978. He has served in several leadership positions within the Republican House delegation. In 1981, he was elected chairman of the House Republican Policy Committee. He served in this position through the 100th Congress.

In June 1987, Cheney was elected chairman of the House Republican Conference — the third-ranking GOP leader.

In December 1988, Cheney was elected as House Republican Whip for the 101st Congress — the second-ranking GOP position.

Cheney served on the House Committee on Interior and Insular Affairs and the House Permanent Select Committee on Intelligence. He also served as ranking Republican on the House Select Committee to Investigate Covert Arms Deals with Iran.

Cheney married the former Lynne Ann Vincent in August 1964. They have two daughters — Elizabeth and Mary.



Secretary of Defense Dick Cheney and President George Bush wave to well-wishers during Cheney's swearing-in ceremony at the Pentagon.

Bay Area mass casualty drill to test community's earthquake readiness

By JO2 T.S. Begasse
NORWESTER staff writer

Several large office and apartment buildings have collapsed. The city is wrapped in pitch black. Gas and water mains have ruptured and major fires are engulfing the buildings still standing. Early damage assessments indicate more than 40,000 casualties. Sounds of fear and panic have jolted the city's peaceful sleep.

It's 2:30 a.m. The San Francisco Bay area lies devastated after a severe earthquake: 8.3 on the Richter Scale.

Meanwhile, the Sixth U.S. Army is notified by the Federal Emergency Management Agency (FEMA), to implement its assistance plan. The Commander, San Francisco Medical Command assumes responsibilities for all Department of Defense medical activities in the Bay Area. The National Disaster Medical System Contingency Plan is initiated.

Helicopters shuttle patients from major disaster sites to receiving hospitals. Casualties are hurriedly removed from the helos and placed in waiting ambulances. The hospitals' triage areas are overwhelmed by local casualties along with the incoming patients from major disaster sites. Doctors, nurses, corpsmen and medical technicians work in precision clockwork to ensure the lives of the injured. Time is critical — teamwork and a well laid out disaster plan are the keys to saving the lives

of thousands ...

The above scenario could happen any moment. In fact, a 60 percent chance of an earthquake with a magnitude of 7.5 or larger is expected to occur along the San Andreas fault line in Southern California in the next 30 years, according to writer Gordon Thomas in his book, "The San Francisco Earthquake."

In an effort to prepare the Bay Area for such a large scale disaster, a mass casualty exercise will be enacted April 18. By the end of the exercise, 40,000 deaths and a total of 330,000 casualties will be simulated and appropriate emergency treatment administered.

The annual mass casualty drill brings together both the civilian and military sectors representing a gamut of professional expertise in the fields of medicine, communications and security.

Naval Medical Command, Northwest Region's commander, Rear Admiral David M. Lichtman, MC, will direct the military medical aspect of the exercise. The double-hatted commander who is also the boss of the newly commissioned San Francisco Medical Command, will oversee and monitor the military medical maneuvers during the casualty drill. Participating commands will be responsible for initiating their respective internal plans under his guidance.

Lichtman will also coordinate the use of all military medical units deployed to the disaster sites (except those assigned to a Dis-

aster Central Element/Disaster Control Support Command), and the operations of all the Department of Defense medical facilities in the nine Bay Area counties at the request of FEMA via headquarters, Six U.S. Army Emergency Operations Center.

The objectives of the mass casualty drill are:

— Evaluation of individual medical treatment facilities alert/result procedures.

— Testing communications systems for the assemblance of required personnel in an emergency situation.

— Assessments of the effective assemblance of personnel supply and equipment necessary to operate the patient receiving and assessments areas.

— Evaluation of the ability to transport patients from disaster sites to receiving hospitals; and,

— Assessment of the communications systems' ability to connect all of the involved facilities.

To carry out this day-long exercise with minimal disruptions to the normal activities within each medical facility the exercise will be a planned one, not a surprise drill.

Patients with scheduled appointments at Naval Hospital, Oakland on April 18 will be seen. However, routine care should be handled on another day. Patients who need routine care may check in at the NAVCARE Clinic in Oakland. The primary care clinic offers free walk-in care to eligible beneficiaries. See DRILL, next page

In-house care preferred

WASHINGTON, D.C. (NNS) — Navy people prefer to receive their health care in Navy facilities and from Navy providers, even though beneficiary access to such treatment is fading, according to the Navy's surgeon general.

"When we ask our people their views about the Navy health care system, they respond in two ways," Vice Admiral James A. Zimble said. "First, they say they much prefer to receive their care in Navy treatment facilities. Second, they tell us they can't get into the system or they don't have access to the care they seek. We have taken, and are continuing to take, a range of actions designed to significantly increase access to our system."

In testimony before a congressional subcommittee on defense last month, Zimble said Navy outpatient visits decreased 21 percent and admissions decreased 17 percent between 1985 and 1988, while Champus outpatient visits and admissions increased 78 and 42 percent respectively.

Zimble said the shift from in-house to Champus patient care is a result of the changing beneficiary population.

"Not only has the active-duty population grown in size, its composition has changed. Active-duty members are more likely to have dependents, and the retired per-

sonnel and their families are becoming increasingly older — requiring more intensive and expensive health care for illnesses of longer duration."

The Navy surgeon general said other factors contributing to the shift in patient care include the increasing cost to deliver health care and ever-present operational requirements.

"Fully 14 percent of all Navy physicians and 28 percent of all hospital corpsmen are assigned to afloat Navy or deployed Marine units."

According to Zimble, last year's Blue Ribbon Panel study on Navy medicine will go a long way toward improving the service's health care system.

"The Blue Ribbon Panel has put in motion many actions which will improve access to Navy health care facilities, reduce Navy medical costs and revitalize graduate medical education. Some results have already been seen; others will take time to be realized," Zimble said.

Zimble told committee members that problems faced by Navy medicine are "treatable" and asked for congress' help to do so.

"While we still face serious problems, I am optimistic about our ability to solve them ... We need your commitment to work with us for the long haul."

Regional

Earthquake Awareness Month

State of California can expect devastating earthquake at any time

Compiled by

LCdr. W.A. Carpenter
NAS Moffett Field

"The further you are from the last big earthquake, the nearer you are to the next." - Gordon Thomas

The last big earthquake in the San Francisco Bay Area came at 5:13 a.m. on April 18, 1906. No one knows when the next, even more devastating earthquake will come to this area, but it will come.

Scientists estimate the following earthquake probabilities for California:

- There is a 60 percent probability of a magnitude 7.5 or larger earthquake occurring along the San Andreas fault system in Southern California during the next 30 years.
- There is a 50 percent proba-

bility of an earthquake with a magnitude larger than 7.0 occurring on the San Andreas or Hayward fault in the San Francisco Bay Area during the next 30 years.

- There is a 50 percent probability of a magnitude 6.5 to 7.0 earthquake occurring on the San Jacinto fault in Southern California in the next 30 years.

- There is a 20 percent probability of a magnitude 7.0 or larger earthquake in the San Francisco Bay Area or Southern California during the next 10 years.

In 1970, 50,000 people died in one earthquake in Peru, a lesser populated region than the San Francisco Bay Area. In 1923 an earthquake killed 156,000 in Japan and in 1971 over 1,000 were injured and 60 people died in a relatively minor quake in Los Angeles.

The San Andreas Fault, a portion

of which runs through the Bay Area, is a 650-mile long and 30-mile deep fracture in the Earth's crust.

The fault is on the move. The ground on the west side of the fault is moving northward at a rate of one to two inches a year.

There are two contrasting interpretations of this movement. The more comforting is as the fault moves, the strain is released slowly, rather than one great shudder. Some believe that the 1957 and 1971 quakes have released this buildup of strain. Actually, it would take 50,000 earthquakes of the 1957's magnitude of 5.5 to equal the energy output of the 1906 quake and the 1971 quake did not occur on the San Andreas Fault — which may have in fact increased the strain.

A more realistic view is that the slipping is simply an indication of

the enormous pressure which must ultimately be released in a great earthquake. Historically, the fault has been characterized by infrequent major shocks rather than many small ones, which lends weight to this interpretation.

There is, however, a combination theory of the two, which holds the most ominous prospects. The part of the fault nearest San Francisco, which broke in 1906, does not seem to be moving. Nor is the part nearest Los Angeles, which broke in 1856. Both of these sections, for some reason, seem to be locked. It is possible that because there is no movement in these segments, the pressure is building up for a "big one" in precisely these areas.

One thing seems certain — the state of California can expect a devastating earthquake at any time.

Listed below are some recently reported "educated guesses" from recognized authorities:

- Dr. Bruce Bolt, Director of Seismology at the University of California, Berkeley: "It is likely in the next 20 to 50 years that there will be a major earthquake in the Bay Area."

- George Gates, former Deputy Director, U.S. Geological Survey: "The evidence that a strong earthquake is due in the Bay Area is increasing."

- Karl V. Stainbrugge, past President, University of California Earthquake Engineering Research Center: "For planning purposes (as opposed to an outright prediction), it should be tacitly assumed that an earthquake will occur somewhere in California in the near future."

Source material: The San Francisco Earthquake, Gordon Thomas.

Navy, committed to preventing child abuse

By Mike Campbell

(Editor's note: April is National Child Abuse Prevention Month, and Navy leadership reiterated its commitment to eliminating this growing problem during the Navy-Marine Corps Family Conference held in Norfolk, Va. A 60-member working group of Navy and civilian experts studied and discussed all aspects of child abuse and its prevention. The following article tells the story on new, innovative recommendations presented by this dedicated group.)

WASHINGTON, D.C. (NES) — Each year since 1983, April has been observed as National Child Abuse Prevention Month, and that tradition continues this April. It's not a happy tradition. Among its saddest aspects is the fact that child abuse is not only alive and well, but thriving and growing. Consider the following:

- More than 200 bodies of children are found in the United States each year and remain unidentified.
- In 1986, 1,300 children were fatal victims of severe physical abuse or neglect in the United States, and 2.2 million reports of abuse and neglect were received.
- Between 1976 and 1985, reported levels for abuse and neglect increased 188 percent, while the number of child deaths due to maltreatment from 1985 to 1986

rose 23 percent.

"One of the strong things to emphasize is that the leadership of the Navy is committed to preventing child abuse," says Dr. Sandra Rosswork, director of the Navy Family Advocacy Program.

- In the Navy, there were ten child abuse fatalities and 1,957 cases of substantiated child abuse in FY88.

"Most people who are physically abusive of their children do it out of ignorance," said Dr. Sandra Rosswork, psychologist and technical director of the Navy Family Advocacy Program. "Poor parenting models in their own homes ... just lack of understanding about children and how to raise them. Stress ... being overwhelmed by the needs of their jobs ... the kinds of everyday things that get to all of us. So they respond well to positive supporting programs, [which provide] education for new parents who need somebody to come in and help them out. Child care. Those kinds of things are very helpful. One of the strong things to emphasize is that the leadership of

the Navy is committed to preventing child abuse."

Equally important as supporting and educating new parents about child abuse prevention is fostering an atmosphere of non-tolerance towards offenders. At a Navy-Marine Corps Family Support conference, Vice Chief of Naval Operations Admiral Leon A. Edney told delegates, "In the area of child abuse ... you will get a statement out of me about 'zero tolerance' of that performance in our Navy and Marine Corps." Navy Family Advocacy Program Director Lieutenant Commander Katy Hichborn and Rosswork have been assigned to draft that statement.

"That non-tolerance doesn't mean that they're going to throw them (child abusers) all in jail," Rosswork said. "What it means is that some of them are going to receive treatment. Some of them may go to jail if they're the kind of people who should. But there will be some reasonable response that holds offenders accountable and then expects them to change their behavior."

"Shaking infants causes their heads to jerk back and forth and produces brain damage..." explained Rosswork.

Other recommendations resulting from the conference included increasing all home child care services, continuing and expanding existing family support programs, identifying and counseling high risk parents and child abuse victims and launching a public awareness

See CHILD ABUSE, next page

NORWESTER

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Drill, from cover

The facilities involved in this year's drill are: Region IX, Federal Emergency Management Agency; Headquarters, Sixth U.S. Army; U.S. Naval Medical Command, Northwest Region; Letterman Army Medical Center; Naval Hospital, Oakland; David B. Grant U.S. Air Force Medical Center, Travis Air Force Base; National Disaster Medical System (NDMS) member hospitals; city and county of San Francisco emergency medical serv-

ices; Alameda county emergency medical services; Medical District 27, Veterans Administration; and, 343rd Medical Detachment (Air Ambulance) U.S. Army Reserve, Hamilton Field.

Disaster preparedness is a must in the Bay Area where major earthquakes are a real possibility. It also gives the military and civilian communities an opportunity to work hand-in-hand to protect the public.

Kids Count!

(Editor's note: April is Month of the Military Child. An opportunity to let military children know that they count and are important. This year's theme is "Kids Count!" Installations worldwide will celebrate with activities for children and with training for parents and professionals who support child-related programs. The following material appears on posters provided by the Department of Defense's Office of Family Policy and Support. "A nation is measured by its concern for children.")

The Department of Defense thinks kids count because:

They are
today's joys
tomorrow's recruits
tomorrow's leaders
our most precious natural resource
our country's future

Kids are individuals with rights
They grow best in families
The capabilities they develop
are theirs for a lifetime
Healthy children become self-sufficient, productive adults
They contribute to our families
and communities as they grow
They are the source of values,
energies and ideas for the
21st century
They remind us that we were kids once
that we cherish the child in ourselves
Their vision of our world is refreshingly simple
They force us to answer "why?"
They help us keep our perspective
They remind us of the freedoms we value
We serve so that they may have a future
We serve so that they may be free
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Navy surgeon general says incentives for medical career fields are expanding

By VADM James A. Zimble
U.S. Navy Surgeon General

WASHINGTON, D.C. (NNS) — Three new retention programs are available as part of the Navy's efforts to keep top-notch health care personnel.

The navy surgeon general said recently that as more opportunities become available to Navy health care providers, the ultimate beneficiaries will be sailors and their families.

"While the benefits of such personnel programs may not be immediately visible to (the beneficiary), the long-term result will be increased availability of top-notch services as we retain our highly-trained and experienced health-care professionals," Vice Admiral James A. Zimble said.

More physicians are now eligible for the medical officer retention bonus (MORB). Under this program, medical specialists may receive a bonus of \$1,500 to \$15,000 based on the specialty and the length of contract.

The following specialists may now apply for the incentive: all pediatric subspecialties, aerospace medicine, preventive medicine, pathology, general internal medi-

cine, family practice, undersea medicine, occupational medicine, neurology, psychiatry, general pediatrics, physical medicine and all other specialists not previously eligible.

Eligible Medical Corps officers have until September 30 to apply for MORB. Bonus amounts and application procedures are outlined in ALNAV's 003/89 and 033/89.

Under two additional programs, Chief Warrant officers can convert to physician assistants in the Medical Services Corps and E-6s through E-9s can apply for the physician assistants training program. The first selection board will be held June 5.

Warrant officers must be on active duty, have a bachelor's degree, have completed an accredited physician assistants training program, hold current certification as a physician assistant and meet Navy physical standards to be eligible. There is a three-year service obligation for selected Chief Warrant officers. The commissioning grade for those selected can range from ensign to lieutenant over three years based on the individual's service time.

Enlisted applicants must be a



Navy Surgeon General Vice Admiral James A. Zimble. (U.S. Navy photo)

hospital corpsman on active-duty, have at least 60 semester hours toward an undergraduate degree, and meet age and physical fitness qualifications to be eligible. There is also a three-year obligation under this program. Those selected will be commissioned as ensigns in the Medical Service Corps upon completion of a two-year training program.

Qualified sailors and warrants are encouraged to apply. For more information on application procedures and qualifications, Chief Warrant officers should see NAVOP 025/89. Enlisted personnel should see NAVOP 024/89 for details on that conversion program.

Calendar

April 19 deadline — Navy Personal Excellence Partnership Program. The Personal Excellence Partnership Division (NMPC-60) and contractor personnel will conduct one West Coast Partnership Training Session at Naval Training Center in San Diego May 4-5, from 8 a.m. to 5 p.m. each day. A limited number of personnel may attend. All interested personnel are requested to call Janet Farrar, area coordinator for the Navy's

Personal Excellence Program and Partnerships in Education, Code N7, at (415) 765-5613, extension 19 or autovon, 869-5613, no later than April 19.

Training course materials and fees will be paid by NMPC, however, travel and per diem must be paid by the attendee's own command.

April 26 — Spring Bake Sale. The Oak Knoll Naval Guild is spon-

soring a bake sale to be held in the Naval Hospital, Oakland lobby. Come early, delicacies will go on sale at 6:30 a.m.

April 29 — First Aid/CPR Classes at Red Cross. The Lemoore Recreation Department is offering a class in First Aid/CRP through the American Red Cross on Saturday, April 29, 8:30 a.m. to 5 p.m. Persons 13 years and over are invited to attend. A \$25 pre-registration fee is required by Monday, April 17.

Filipino citizenship bill introduced

Legislation has been introduced to provide a path to U.S. citizenship for Navy members who come on active duty through the Philippines Enlistment Program.

Currently, these members (about 400 per year) enter active duty in the Philippines without first attaining permanent resident status. Those on active duty prior to October 1978 were allowed by law to

become U.S. citizens because they served during designated periods of hostilities.

However, Filipinos who began their active duty after October 1978 do not have the waiver available to them; hence the need for a legislative remedy to this barrier. Navy has communicated to the Congress its strong support for a legislative solution and Master Chief Petty

Officer of the Navy Duane R. Bushey gave special emphasis supporting the bill in his testimony before the Defense Subcommittee of the Senate Appropriations Committee on enlisted personnel issues in March.

Although the Judiciary Committees face many difficult immigration and refugee issues, favorable consideration is anticipated during the 101st Congress.

Child Abuse, from page 2

campaign aimed at reducing community acceptance of corporal punishment of children.

"One of the things the National Committee for the Prevention of Child Abuse has been focusing on is infant vulnerability," explained Rosswork. "They've made a national campaign about not shaking the baby. Shaking infants causes their heads to jerk back and forth and produces brain damage.... The brain literally moves back and forth in the skull and the baby is brain damaged. Very few parents know that you shouldn't shake your baby. That's an easy thing to tell

people."

In the area of child sexual abuse prevention, the group recommended increased education and support at all levels of the problem, as well as reforms in the formal Navy legal, medical, social and administrative response to child

sexual abuse.

"The issue is that we need to do a lot more in terms of intervening with cases that have already begun, cases that are already identified, and then provide some kind of treatment for victims and prevention of re-abuse," said

Rosswork.

Nancy Peterson, of the National Committee for the Prevention of Child Abuse, summed up the situation in her presentation of Child Abuse and Neglect — Cost to Society: "The bottom line is that child abuse related costs are very high.

These costs include direct expenses for treatment or foster care as well as later indirect costs of incarceration, lost productivity and emotional damage. Prevention programs are not inexpensive, but the costs of doing nothing are higher."

NewsBriefs

WASHINGTON, D.C. (NNS) — President Bush has announced his nomination of Admiral James B. Busey IV to head the Federal Aviation Administration. Busey currently serves as the Commander in Chief of Allied Forces, Southern Europe and U.S. Naval Forces, Europe. Busey will retire from active-duty to serve in the sub-cabinet post.

WASHINGTON, D.C. (NNS) — The United States and Iraq reached an agreement March 27 on compensation for the families of 37 crewmen killed in the attack by an Iraqi warplane almost two years ago on USS Stark (FFG-31) in the Persian Gulf.

The government of Iraq agreed to pay more than \$27 million to the families of the men who lost their lives in the incident. The agreement was reached in Baghdad following discussions between the foreign ministry of Iraq and a U.S. delegation.

PORTLAND, Maine (NNS) — The guided missile cruiser USS Philippine Sea (CG-58) was commissioned in Portland, Maine last month.

The Navy's newest Aegis cruiser is named after the two-day battle fought off the Mariana Islands in June 1944. American Naval forces, under Admiral Raymond A. Spruance and Vice Admiral Marc A. Mitscher, scored an impressive victory by virtually destroying Japan's Naval Air Force, which cleared the way for the capture of the Marianas. The only previous U.S. Navy ship named Philippine Sea was an aircraft carrier (CV-47) that won nine battle stars during the Korean War.

The cruiser Philippine Sea is armed with Aegis — an integrated radar, computer and weapons system that makes all Ticonderoga-class (CG-47) cruisers the best naval platforms in the world against a variety of air threats.

Captain Andrew J. Combe commands USS Philippine Sea, which will join the Atlantic Fleet.

MIAMI BEACH, Fla. (NNS) — Crew members aboard a Navy oiler helped U.S. law enforcement officers make the biggest drug bust yet in the new year.

USS Platte (AO-186) was operating in the Caribbean with an embarked Coast Guard Tactical Law Enforcement Team (TACLET) late March, when they received information on a suspected drug vessel in the area. The Norfolk-based oiler intercepted the Honduran-registered freighter, Esso Bonaire III, 180 miles east of Miami. The TACLET boarded the suspect ship and found almost 38,000 pounds of marijuana within its hull. Coast Guard officials estimate the contraband to be worth \$15 million. The 10 Colombian crewmen onboard were arrested, the contraband seized and the ship towed to a Coast Guard station in Miami.

WASHINGTON, D.C. (NNS) — The Navy's Chief of Naval Operations recently reiterated the importance of communication discipline to fleet readiness, stressed the need to reduce message traffic and established a goal of a five percent reduction in message traffic for 1989.

Recent analysis of traffic broadcasts indicate wide-scale precedence abuse in the Pacific Fleet. It is not uncommon for 40 percent of broadcast messages to be immediate or higher precedence. Routine traffic is characteristically less than 25 percent.

Ability to deliver traffic to the fleet in a timely manner is affected by three factors, message quality, message length and precedence. It is expected that in normal operations, which includes fleet exercises, immediate traffic will comprise less than one percent of all traffic transmitted.

The following definitions are stressed to ensure compliance:

- Flash: contains major strategic decisions of great urgency — writer-to-reader in minimum time.
- Immediate: information of operational urgency — writer-to-reader in 30 minutes.
- Priority: messages which furnish essential information for the conduct of operations in progress — writer-to-reader in three hours.
- Routine: precedence assigned to all other traffic, justified for electrical transmission, which are not of sufficient urgency to require higher precedence.

The NAVOP 13/89 review message practices to reduce message traffic by not less than five percent, make required message length concise and assign appropriate precedence. Failure to do so will compromise ability to effectively command and control fleet operations.

Ever wonder why some children never smile?



National Child Abuse
Prevention Month-April

Medically Speaking

Women's Health Month

Mammographies cut risk of dying from breast cancer in half

By LCDR Mary E. Quinn
NAVCARE Clinic, Oakland

NAVCARE CLINIC, OAKLAND, Calif. — Each year thousands of women die of breast cancer. In fact, as estimated one in ten women will develop this life-threatening disease at some point in their lives, with the incidence increasing with age. Nevertheless, there is hope. With a simple test called mammography, early diagnosis of breast cancer can cut the high mortality rate in half.

Mammography screening: best single method of diagnosing breast cancer.

Mammography screening is available at the NAVCARE Clinic in Oakland, Calif., and in most military health care facilities. The screening involves an x-ray of the breast tissue to detect pre-clinical breast lesions. This process is documented as the best single method of diagnosing breast cancer — unfortunately, the painless test is still under-used in the United States.

Regular mammographies substantially reduce the risk of dying from breast cancer. To aid awareness of this life-saving screening process, a recommended path for screening has been defined by medical associations such as the American Cancer Society, American College of Obstetricians and Gynecologists and the American College of Radiology.

The associations recommend that by the age of 35, women should have a baseline mammogram completed — earlier if any risk factors are present. Risk factors include: breast postheses, a personal or family history of breast cancer and first pregnancy after the age of 30. Subsequent tests will be determined by the physician based on the results from the initial screening, physical findings and risk factors. Women over the age of 50 should have the test administered annually. Along with the mammographies, all women should administer monthly breast self-examinations.

In Oakland, mammography screening is available at the NAVCARE Clinic located at 8450 Edes Avenue. It's free to all active duty dependents, retirees and their

dependents, as well as active duty military personnel. Patients may have the screening administered

Oakland's NAVCARE Clinic offers free mammography screening.

by a provider at NAVCARE or they may bring in the referral request from health care providers at military treatment facilities to arrange an appointment. No appointments will be taken over the telephone, so please come in person. In addition, requests from civilian providers can't be accepted. In such cases, patients must be rescreened by a NAVCARE provider before the mammogram can be done.

For patients who have had pre-

vious mammographs, those x-ray films must be obtained before any subsequent testing can be done.

Mammograms at the NAVCARE Clinic are for screening purposes only. Women who have suspicious lumps should immediately go to the nearest military treatment facility. A Mammogram Infoline is available at the NAVCARE Clinic — (415) 632-7521. It is suggested that you call prior to the test.

For further information regarding the use of mammographies in the early detection of breast cancer, or if you have any questions, don't hesitate to call the clinic's staff at (415) 632-5514. They will be happy to assist you.

Remember, a small investment of time could save your life — consider mammographies.

Source material: *Cancer Facts and Figures 1987*, American Cancer Society, Inc.; "Nonpalpable Breast Cancer," *American Family Physician*, American Academy of Family Physicians, May 1987; and the *Radiologic Clinics of North America*, 25, 5, September, 1987 — Breast Imaging.

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Venereal Disease Awareness Month

Sexually transmitted diseases infect fetus

By HMC Ovido Plega

Preventive Medicine Technician
Naval Hospital, Oakland

NAVAL HOSPITAL, Oakland — In an effort to alert the public about sexually transmitted diseases (STDs), California has initiated an awareness program in the month of April for 18 consecutive years. This year's focus is "Venereal Disease Awareness Month" — specifically, congenital syphilis.

Syphilis is a nondiscriminating disease which strikes men, women and children. It may be passed on from a mother to her unborn baby during pregnancy. Moreover, severe infection in the baby usually results in stillbirth. Moderately severe infection causes premature delivery and decreases the survival rate for the infected baby. With less severe infection, the baby will be carried full-term but will be born with the disease — congenital syphilis.

To avoid passing the disease to unborn babies, pregnant women are urged to have a blood test to detect syphilis well before the third month of pregnancy. In fact, in California, the law requires the blood test be done as part of prenatal care.

Syphilis, one of the most serious of the STDs, is caused by a spiral-shaped bacteria (spirochete) called *treponema pallidum*. The bacteria enters the body during sexual activities reproducing at an accelerated speed. It promptly invades every organ and body tissue through the blood stream and lymphatic system. There are three stages in the progression of syphilis: primary, secondary and tertiary.

Primary syphilis is the first stage of the disease. A sore or chancre (pronounced "shanker") usually appears in 10 to 40 days at the site where the bacteria entered the body (the cervix, vagina and the surrounding area, penis, mouth, anus, or a break in the skin). The sores frequently remain unnoticed because they are painless.

In women and men involved in homosexual activities sores may be located in areas very hard to see and can therefore, be missed — enlarged lymph nodes may draw attention to their presence.

Diagnosis of syphilis is made solely on a laboratory examination. The exam involves a special darkfield microscope of scrapings from the chancre to identify the bacteria. Blood test for syphilis may become positive within four weeks after the sexual contact, but until then the diagnosis can be made only by locating the spirochete causing the sore. The sore will disappear completely in a few weeks, even without treatment. This does not however mean that the disease is cured.

Secondary syphilis typically develops one to six months following sexual contact. Symptoms include a rash which may appear all over the body, characteristically affecting the mouth, genital organs, buttocks, palms and soles. Accompanying signs and symptoms are fever, aching/persistent sore throat, patchy loss of hair from the scalp and latter portions of the eyebrows and widespread enlargement of the lymph glands.

Secondary syphilis also disappears without treatment usually giving the patient unjustified opti-

mism, but again, this does not mean the disease is cured.

The first two stages of syphilis are highly infectious. They are followed by a "latent" period when the disease becomes non-infectious and is not transmissible to sexual partner. During this stage, a blood test is the only means of diagnosis because no physical evidence of the disease is present and the patient has no apparent symptoms.

The bacteria may become active in the blood stream during the next four years (especially the first two), causing the disease to be highly infectious.

The bacteria may also invade and damage the central nervous system. A laboratory examination of the spinal fluid can detect this condition in its earliest stages — before damage starts. The early discovery and treatment of syphilis of the central nervous system prevents permanent damage to the brain and the spinal cord.

After the disease's fourth year, the bacteria enters the tertiary or third stage. This stage is non-infectious but very serious.

The most serious and common complications of syphilis in this stage are those of the heart, large blood vessels, brain and spinal cord, any of which may be fatal. Insanity and blindness also may occur. The disease doesn't discriminate — any organ of the body may be affected. Routine blood tests may still detect syphilis in this late stage. In addition to blood tests, spinal taps or other examinations are often required.

Patients with infectious syphilis have a medical and moral obligation to notify all sexual contacts. They deserve the chance to seek immediate examinations and treatment.

Local public health departments are anxious to help patients thought to be affected by syphilis and other sexually transmitted diseases.

Stop the spread of this terrible disease — see a doctor immediately!

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Elsa Marie Gustafson

Birth place: Naval Hospital, Oakland, Calif.

Born: January 11, 1988 at 5:29 p.m.

Weight at birth: 15-1/2 ounces (440 grams)

Length at birth: 10-1/2 inches (26 centimeters)

Parents: Lieutenant Commander Walter A. and Lieutenant Linda L. Gustafson



Good to the last spoonful — Elsa finishes a dining experience of such culinary delights as turkey, chicken and some veggies. (U.S. Navy photo by JO2 T.S. Begasse)

"Miracle" baby Elsa do

Story
JO2



A special tiny little blue-eyed "miracle" baby was born at the Naval Hospital in Oakland Jan. 11, 1988 — Elsa Marie Gustafson. She weighed only 15 1/2 ounces when she entered her new world and successfully challenged statistics to become the smallest baby to survive in the hospital's 46-year history.

Today, Elsa at over one year old, is a pint-size dynamo. She listens to classical music, travels to Lake Tahoe and the Olympic Peninsula, has attended a Shakespearean festival and loves books.

However, just a year ago, life was uncertain for the now over 11 pound tot.

Elsa, daughter of Lieutenant Linda L. Gustafson, Nurse Corps, U.S. Naval Reserve and Lieutenant Commander Walter A. Gustafson, U.S. Naval Reserve, was delivered by Caesarean section, 14 weeks premature due to her mother's high blood pressure, excessive weight gain and significant increases of

(Editor's note: In the United States nearly 40,000 babies die each year before their first birthday. Of that startling amount, the largest group are infants born weighing less than 1000 grams (about 36 ounces) — the "very very low birth weight" (VVLBW) infant. These infants contribute only one percent of the total births, but account for 60 percent of the deaths occurring within the initial 28 days of life.

Now, for the sake of understanding, we must look at one more statistic — babies born weighing 500 grams (about 18 ounces) and less. According to medical research, these babies make up only 0.2 percent of total births, however their mortality rate is documented as being 100 percent.

In fact, in 17 states in this country, a child born under 500 grams (about 18 ounces) is not considered a live birth, according to a leading neonatologist at Children's Hospital, Colorado.

The following story is about a special little infant that chose to overcome the statistics. Elsa Marie Gustafson's sheer determination and will to survive brought her through the critical stages of her delicate life.

Sources: The Journal of the American Medical Association; Pediatrics, Vol. 80, No. 6; Clinics in Perinatology by Saunders, June 1986; Follow-up Management of the High-risk Infant, D.W. Taeusch, M.D. and M.W. Yogman, M.D., 1987; and, USA Today, April 12, 1988.)



Elsa gets a helpful hand from her dad, Lieutenant Commander Walter A. Gustafson. Elsa is quite mobile though still small at about 12 pounds. Gustafson currently serves as commanding officer of the Naval Reserve Center in Vallejo, Calif. (U.S. Navy photo by JO2 T.S. Begasse)

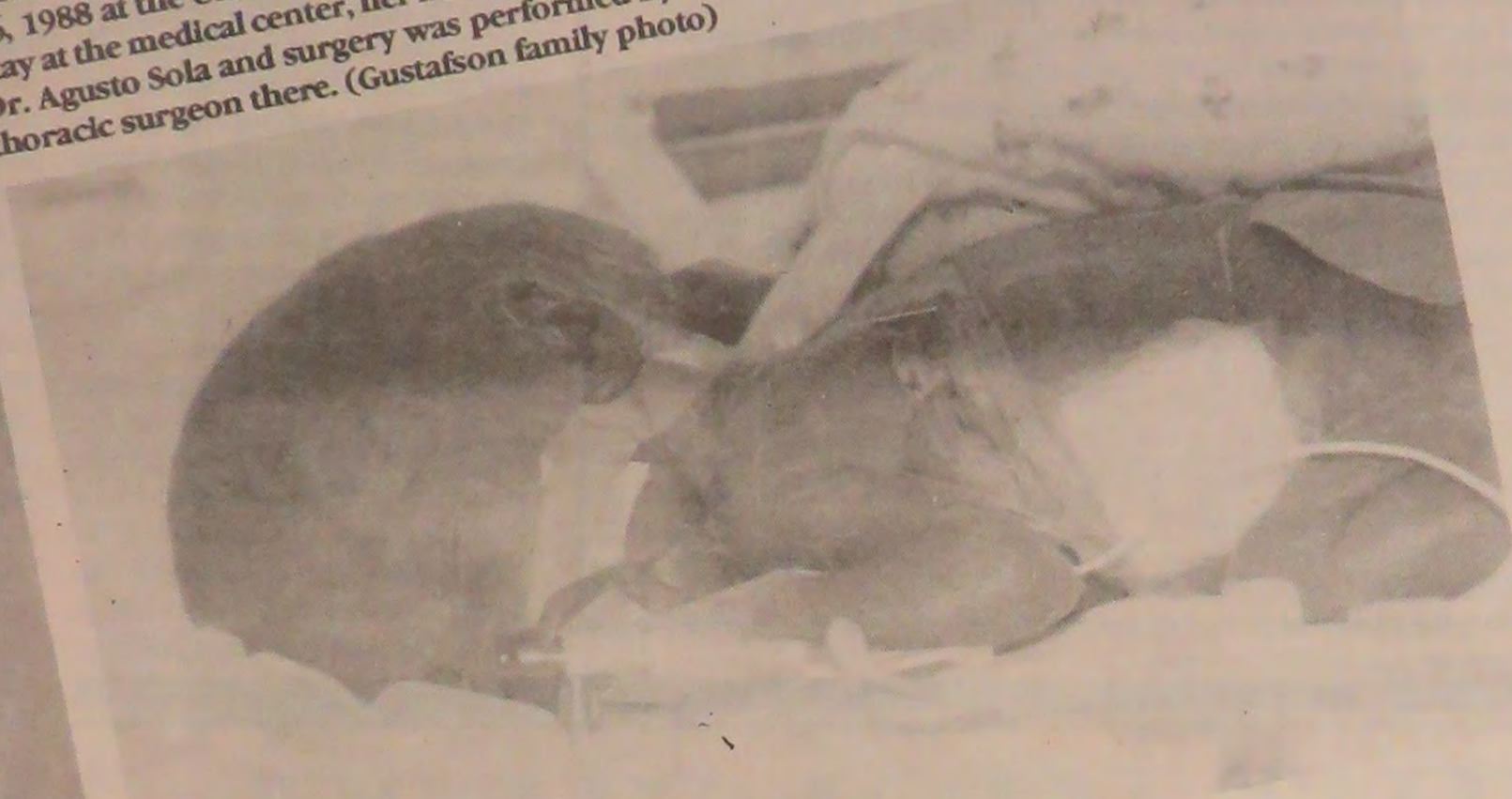


Footprints are the actual size of Elsa's at birth.

Great one year later says NHO doctors

Photos by
Jesse

Elsa Marie Gustafson (left), now over a year old, participates in one of her favorite pastimes — playing with her "friend." (U.S. Navy photo by JO2 T.S. Begasse) Elsa (below), at three-weeks-old and about 14 ounces, recovers from surgery that corrected a problem with her lungs. The 20-minute operation was performed Jan. 26, 1988 at the University of California, San Francisco. During Elsa's week-long stay at the medical center, her neonatal care was provided under the direction of Dr. Augusto Sola and surgery was performed by Dr. Edward D. Verrier, a cardiothoracic surgeon there. (Gustafson family photo)



protein levels, according to Commander David R. Field, MC, USN, the head of the hospital's Obstetrics Division.

This condition, known as pre-eclampsia, can progress very quickly into seizures, ruptured liver and kidney damage. Gustafson's condition was severe and if left unattended, both her life and the baby's would have been threatened.

The fetal heart tones were checked hourly. Growth had apparently stopped for Elsa, and the mother's amniotic fluid was diminishing.

Surgery was called for and the doctors gave Elsa a 10 to 15 percent chance for life.

"All our tests indicated she (Elsa) was dying, and would have within the next 24 hours," said Cmdr. Field. "I felt the baby had a chance and recommended a Caesarean section."

During surgery, Lt. Gustafson was anesthetized from the waist down. General sedation would have jeopardized Elsa even more.

After the 45-minute surgery, Elsa gave a little cry and everyone in the operating room smiled.

The neonatology team led by Commander Lewis Otero, MC, head neonatologist and Lieutenant Commander Julian F. Keith III, MC, assistant head neonatologist, immediately put Elsa on a ventilator to ensure breath.

Elsa's strong will to survive was evident to all from that moment on. In fact, she moved so much the doctors had to sedate her for fear she would remove the taping and tubes from the ventilator and oxygen.

Elsa was immediately taken to the hospital's Neonatal Intensive Care Unit (NICU). Her first 24 hours

were critical for preventing and detecting problems.

Aggressive measures were made by the neonatologists and the NICU staff to allow Elsa's body to recover, heal and mature.

Along with the respirator support and oxygen, "she was kept in a neutral thermal environment to keep her temperature normal," explained Keith. "She was provided intravenous fluids she would lose through her very thin and gelatinous skin."

Elsa was smaller than the ultrasound had estimated her fetal weight to be, according to Field, attributing her growth retardation to the mother's pre-eclampsia. "The average weight for a 26-week gestation infant is 1,000 grams (about 36 ounces)," explained Otero. "Elsa's weight was 440 grams (15 1/2 ounces), placing her weight way below what was expected for her age."

Elsa continued to make remarkable progress and was released from the hospital May 2, 1988. It was a day filled with joy and tears.

"It's really been a lesson in the strength and resilience of the human spirit to watch Elsa go through it all," the father said.

"She has really been an inspiration to so many people," the proud mother said as she looked at a picture of Elsa two days after she was born. "She is just so full of life."

A year later, Elsa still visits the hospital every three months for medical assessment. She was taken off oxygen just two months after going home and in that same month, her vital signs' monitor was required only at night.

Still under the watchful eyes of doctors Otero and Keith, Elsa appears to be making great progress.

"She is doing amazingly well," said Otero. "Elsa has overcome the major complications usually expe-



Elsa models the latest in infant wear. (U.S. Navy photo by JO2 T.S. Begasse)

rienced by babies of her circumstances such as cerebral palsy, frequent pneumonia and respiratory problems requiring extended amounts of oxygen."

Other problems common to babies born extremely premature are developmental delay, physical handicaps and even blindness. What's more, most require additional hospitalization — unlike Elsa.

In Elsa's case, she has experienced only a few minor problems according to her physicians. Her feet severely turned inward. This has been fully corrected through the use of foot braces. She also has weak muscles in her right eye — by wearing a patch on her left, the muscles are expected to fully strengthen in no time.

The only other problem faced by Elsa is a small hernia which, according to Otero, is causing no complications. "It is something common in premature babies and

will be electively operated on in the near future," he said.

As for sleeping and eating habits, Elsa is right on track. The only item her parents say she doesn't really like is dry spinach — but then, who does?

"We're very optimistic about Elsa, who's had a smooth course despite a rocky beginning," Lt. Cmdr. Gustafson maintained. "I hope when she's a teenager that we can somehow communicate to her what she went through and what a fight she put up."

"It will be part of her life forever — let's hope she can appreciate what she has done," he continued. The doctors are just as optimistic.

"I have very good hopes and feeling about Elsa's future," Otero emphasized.

"She broke the statistics by surviving birth. She further broke the statistics by making it through the first twenty-four hours. And, she

broke the statistics in terms of her development and growth today," Keith described. "Elsa's a very remarkable girl."

Since birth, Elsa has been closely followed by the hospital's High Risk Infant Clinic as well as Leapfrog, Parent Training for Infant Development, a Vallejo-based organization that educates parents, provides resources such as physical therapists and qualified babysitters and makes developmental assessments. As for the parents, Elsa's dramatic beginning will always be a part of their life; but they find it hard to believe life was so uncertain for Elsa when she plows through the house behind the wheel of her little red tot rod.

"When she sets her sights on something, she goes right for it," says her dad.

And that she did. Elsa Marie Gustafson set her sight on life — and went for it!

Federal Corner

VOLUNTARY CONTRIBUTIONS:

Employees covered by the Civil Service Retirement System (CSRS) have been able to make voluntary contributions to purchase additional annuity for over 40 years. Prior to Jan. 1, 1985, the contributions earned interest at a rate of 3 percent. On Jan. 1, 1985, voluntary contributions started earning interest at a variable rate which was 13 percent for calendar year 1985. Recent newspaper and magazine articles concerning voluntary contributions have caused employees covered by the CSRS to call the Office of Personnel Management (OPM) and Civilian Personnel Office

requesting information about voluntary contributions.

The current interest rate for 1989 is 9.125 percent. Interest is credited to each voluntary contribution annually on December 31. No tax is paid on interest earned until the contributions are withdrawn.

At retirement, each \$100 in a voluntary contribution account (including interest earned) will provide an additional annuity of \$7 per year, plus 20 cents for each full year the employee is over age 55.

Applications to make voluntary contributions (SF-2804) are available from your servicing civilian personnel department.

Flossing keeps smile bright

By CDR Gregory M. Horning, DC
Naval Hospital, Oakland

NAVAL HOSPITAL, Oakland — Flossing — What do you think you're doing? What is the main reason a person should use dental floss? Is it:

- a.) to remove food particles
- b.) to massage the gums
- c.) to stimulate bleeding
- d.) to remove harmful bacteria

If you answered (d), you were right! The only way to keep teeth and gums healthy and attractive is to completely remove the film of bacteria ("PLAQUE") that builds up on every surface of every tooth every day. How you do that is less important than that you do it THOROUGHLY.

First of all, take plenty of time. Brush your teeth first, keeping the brush at a 45 degree angle to the teeth at the gumline. Use a gentle circular scrubbing action to clean every surface you can reach — both chewing surfaces and the sides. A soft brush is best, because the bacterial film starts out like jelly,

and will come off easily if touched. Brushing the tongue and palate also may reduce the total amount of bacteria in the mouth by 10 percent, so do that, too.

Next, wrap the dental floss around your middle fingers so that you can manipulate it with your index fingers and thumbs. Take short length and seesaw it down between the teeth and below the gumline as far as it will comfortably go (don't pinch). Put tension on the floss to wrap it a bit around the corners of the tooth. Scrape it up and down (not back and forth — actually try to scrape the side of the tooth). Then floss the neighboring tooth while you are still in space. Start in one part of mouth and methodically scrape every tooth in turn. If you take your time you will do well — but remember: it takes time and practice. Be patient with yourself, but if you really are all thumbs, try the flossing tools which are available — anything is gain in the daily struggle against bacterial buildup!

The most important thing to remember is not the technique, but rather what it is you are trying to remove: not food particles (though that is certainly a good idea), but rather, pure bacteria. If you keep that in mind, you really will know what you are doing with floss!

Help protect your child

Courtesy of Child Find of America, Inc.

Child abduction affects us all. We can help by following some simple rules. The nine rules listed here take only 83 seconds to read. Please, for the sake of your child, read them.

1. Keep your child in sight at all times; when your child is away from you, know whom he or she is with and where.

2. Teach your child not to wander off and to avoid lonely places.

3. Establish strict procedures for picking child up at school, at a friend's, after a movie, etc. Don't let your child accept rides from anyone with whom you have not made previous arrangements even if they say they're a policeman, teacher or of the family.

4. Teach your child never to go anywhere with anyone who doesn't know a family "code" word.

5. Teach your child his full name, your full name, address and telephone number. Make sure you teach him how to make local and long distance phone calls. Even a small child can be taught to dial "911" for help.

6. Tell your child about the abduction problem in a calm and simple way — as if you were teaching any other important coping skill.

7. Listen attentively when your child talks about "a man or woman" he or she met in your absence.

8. Teach your child that it's OK to run away or to scream if someone is making him or her do something he doesn't want to do.

9. Have photos taken four times a year (especially for pre-schoolers); make note of birthmarks and other distinguishing features.



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 (Senior)
 HM1 S. King, NMCLSF TI
 HM1 G.A. Lightsey, NH Oak Harbor
 HM1 M.W. Moore, NH Oak Harbor



Petty Officer 2nd Class Diant T. Battle, a hospital corpsman, looks on as Lieutenant Commander Gerald E. Noss, NC, head of the Office of Medical Affairs at the Northwest Region, endorses her reenlistment papers. Battle was assigned to the Region's Comptrollers Office as the fiscal petty officer. She detached the region in March inroute to Pensacola, Fla., where she will attend Aerospace Medical Technician School. (U.S. Navy photo by SN M. Herrington)

SK1 R.S. Redfern, NH Oak Harbor
 SAILOR OF THE QUARTER:
 (Junior)
 HM3 D. Degraw, NH Oak Harbor

HM3 D.L. Healy, NH Oak Harbor
 HM3 J.J. Kilbride, NH Oak Harbor
 HM3 T.M. Weaver, NH Oak Harbor

By LT Julie Schwartz, CHC
 Naval Hospital, Oakland

Navy personnel are professional "beginners" and "enders." Changes in duty stations make us skilled at saying good bye's and adjusting to new surroundings. Indeed we celebrate such occasions with change of command ceremonies, retirement ceremonies, and hail and farewell parties. These events make the transitions more concrete and give us the opportunity to create community ties even as we constantly change our communities.

But what about the doldrums—the normal business of living through the middle of times? How often do we celebrate the fact that we actually woke up and got to work for another day? We rarely concentrate on the effort day to day life requires. While our mission-oriented Navy directs us always to work for the goal, our spirits need to remember that the hardest work and the greatest satisfaction emanates from living the "middles." In fact we often downgrade such times as not having significance because we are not actually doing something new or exciting or important. Yet, these are our op-

portunities to prove our long-term strengths and our bottom-line principles. Arturo Toscanini, a brilliant musician, lived a life full of exciting events, but his son explained that he did not live waiting for the highlights. When asked what his father ranked as his most important achievement, the son replied, "For him there can be no such thing. Whatever he happens to be doing at the moment is the biggest thing in his life—whether it is conducting a symphony or peeling an orange."

Our spiritual growth comes from the small tasks of daily living. A famous Jewish teacher, Rabbi Zusya, taught when one arrives in heaven after death, God examines that person's worthiness. Rabbi Zusya explained that he was not afraid of God's asking him, "Why did you not act like Moses?" Rather he was preparing for God to ask "Why did you not act like Zusya?"

The Lord does not expect of us the great deeds and accomplishments of one such as Moses. The Lord examines our lives with concern for the small acts and "middles" and asks us to become our own best selves.

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 11 to 4 pmSF SPCA Adopt-a-Pet station open
 1 to 3 pmCon Hall duo entertains
 2 pmSFPD Canine Corps demonstration
 2 to 4 pmSan Francisco-Treasure Island: the World's Fair

Friday, April 21

11 to 4 pmSF SPCA Adopt-a-Pet station open
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Days of Remembrance of the Victims
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NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Friday, April 28, 1989

Vol. IV, No. 6

Oakland, Calif. 94627-5025

Chief of Naval Operations says reducing the number of carriers from 15 to a lesser number would be tragic mistake

By Admiral
Carlisle A.H. Trost
Chief of Naval Operations

WASHINGTON, D.C. — The Navy aircraft carrier battle group is the most needed, useful and used asset in our Nation's military arsenal. Yet despite the historically proven value of these ships, defense critics continue to make annual assaults on these backbones of our national and maritime strategy.

The goal of these critics is apparently designed to reduce the number of carrier battle groups from 15 to a lesser number. To accomplish this action would be a tragic mistake. Fifteen carrier battle groups are the bare minimum number necessary for our Navy to meet its global peacetime requirements at a prudent level of risk to our country. Regional military commanders and indepth studies by the Joint Chiefs of Staff have continually validated that more than 20 such battle groups are needed as a minimum in the event of a global conflict.

Any discussion of carrier battle groups — in fact, any discussion of the Navy — must be undertaken with an understanding of the geopolitical framework of our country.

First, as a maritime nation, our economic survival is dependent on the seas.

Second, our vital interests are expressed in a web of over 40 treaty relationships with binding coalitions for mutual defense. These relationships, together with the commercial dependencies that support our economy, shape our national security objectives. Stated simply, global commitments set the environment in which we live, work and prosper.

Third, the threat has not abated, despite the rhetoric of a brilliant public relations campaign by the Soviet Union. To date, there is little visible reduction in Soviet capability except for that mandated by treaty. New and very capable warships of every type continue to be produced. In addition, low intensity conflicts in the third world provide a global threat from terrorists and other fanatics which, when left unchecked, wreak havoc on Americans, American interests overseas, allies and friends.

Freedom of the seas is still a primary requisite if we intend to secure our national security interests. To preserve that freedom and to protect the sea lanes which we are so dependent upon means possessing a Navy that is on scene and employed in strategic regions of the globe where it is needed to deter war. If that fails, we must respond with force. No administration, regardless of political persuasion,



USS Kennedy (CV-67). (U.S. Navy photo)

has been able to solve this protection problem in the past with other means of force.

Forward deployed, ready forces are analogous to a handy fire extinguisher at the scene of a fire as compared to the fire company which sits 15 minutes away. Operating in regional

waters near potential conflict provides an advantage that cannot be approximated by forces based in the U.S., despite how ready they may be.

If we are not going to have a permanent presence located overseas with our closest allies, then the only practical means of

applying adequate force to a crisis and promoting regional stability beyond our own borders is to have that force on station in international waters and airspace.

The only military system that can provide the capability of

See CARRIERS, page 3

CNO tells congress people remain top priority

By Admiral
Carlisle A.H. Trost
Chief of Naval Operations

WASHINGTON, D.C. — During recent Congressional testimony on Capitol Hill, the Chief of Naval Operations, Admiral Carlisle Trost, told members of the House Appropriations Defense Subcommittee that people remain the Navy's top priority.

They make the difference. We need to be able to continue to attract and retain the enthusiastic, patriotic, bright and incredibly hard-working men and women that are the Navy today," Admiral Trost testified. Admiral Trost was appearing before the committee to discuss the Navy's budget submission for Fiscal Year 1990. The CNO said the Navy has never been more ready to support U.S. national policy throughout the world. "We have the right ships and the right aircraft and are able to fight and win at sea," he

said.

To safeguard the progress the Navy has made, and to prepare to meet the future, the CNO said he has three over-arching priorities that pervade all other issues. Admiral Trost said these priorities are: people; maintaining a balanced and effective naval war-fighting capability; and achieving a required future capability.

In his comments to the lawmakers about people, Adm. Trost addressed many quality of life issues and reminded the Congressmen of the 10.1 percent gap between civilian and military pay. He strongly recommended that every effort be made to narrow this wide margin of disparity.

"I urge this congress to recognize and seek to close this (pay) gap, and provide support to programs to reduce the drastic shortages of affordable military housing, as well as continue to meet the need for morale, welfare, and recreation

enhancements that communicate in a visible way our commitment to the quality of life of our people," CNO said.

In making his case for fair and equitable compensation, Adm. Trost said our people accept an arduous life style, make tremendous sacrifices, work long hours and ask for very little in return.

Admiral Trost answered Navy critics when he punctuated the need to maintain the balanced capability required to respond and win in a wide variety of demanding potential scenarios.

"This means having a Navy that is flexible enough to achieve our national objectives in any conflict short of global war," he said. "It includes maintaining a force centered on 15 deployable carrier battle groups, four battleship battle groups, 100 attack submarines, amphibious lift for a Marine Expeditionary Force and a Marine expeditionary Brigade, and sufficient strategic submarines, support ships and strategic

sealift."

Admiral Trost reminded the legislators of the contributions to regional stability around the world made by our forward deployed Navy. And he reiterated the inestimable value of having a Navy on station, capable of responding immediately to U.S. national interests.

Admiral Trost also testified that another goal of equal priority for our forward deployed Navy is deterring the Soviet Union.

"While we must listen hopefully to all Soviet proposals, we cannot permit ourselves to be lulled into complacency concerning the Soviet threat. After all, Glasnost and Perestroika are policies aimed at arresting the deteriorating Soviet economy. If these policies succeed, the military potential of the Soviet Union could eventually be even greater than today," the CNO told House committee members. But to maintain a sharp edge of readi-

ness requires real-time and geographic training. "A credible naval force should be at sea, operating, honing its proficiency, proximate to potential trouble spots, ready to respond to national tasking promptly," Adm. Trost added.

The CNO said that anti-submarine warfare remains his top war-fighting priority.

"The new SSN-21 Seawolf attack submarines and the new Long Range Air ASW Capability Aircraft (LRAACA) are the essential next generation of ASW forces. . . ASW is a force structure intensive problem. There are no silver bullets or easy pat answers to ASW. Nor is there a technical breakthrough on the horizon to make ASW simple. It takes the combined efforts of all our ASW forces — surveillance systems, attack submarines, ASW aircraft and helicopters and surface combatants — to defeat a large submarine threat. To succeed at ASW, you have to

See PEOPLE COME FIRST, p. 3

National

Starting military careers after 35

By MSgt. Mary A. Peterson, USA
American Forces Information Service

Since the Department of Defense expanded age requirements last year to attract experienced physicians and nurses to military Reserve service — a partial solution to the shortage of medical personnel in the Reserve components — the services have recruited hundreds of practitioners.

Two of them are Army reservist 1st Lieutenant Lorraine Rudowski, 59, and naval reservist Lieutenant Junior Grade Heidi Mayer, 46. In fact, Rudowski is believed to be the oldest officer to ever receive an Army commission.

Rudowski is the wife of a retired foreign service officer, mother of five and grandmother of two girls. "I've lived in Bangkok, Laos, Taiwan, Turkey and Kenya," she said. "I went back to school when I was 30, with four kids at home, intending to get a degree to teach school. Wherever I went, I accumulated some credits with the University of Maryland overseas.

"I did a self-evaluation and considered social work, education and the longevity of career choices and decided to come into nursing. It was difficult with a growing family and going to school full time in 1977," she said. After graduating in 1980 from Virginia's George Mason University, she worked at a local hospital and pursued her master's degree. "In 1984, I worked part time at the univer-

sity as a clinical instructor. Then I became special assistant to the dean," she said. Rudowski is now an assistant professor of international nursing at the university's School of Nursing.

"The nurse recruiter came to the university every two months to interest nursing students," Rudowski said. "I kept telling them, 'You're missing the best people — those older with experience.'

"I have a thing about age. The public and press perpetuate a perception that senior citizens are a group of people at an age who can't do anything. I resent the feeling that old age is a dead end.

"With age comes experience and wisdom and the ability to better handle situations and workloads that younger people haven't learned yet," she said.

"With the nationwide nursing shortage, a lot of young nurses are forced into areas of management and leadership that maybe they're not prepared for," Rudowski said. "I've seen the military (during tours through Army medical facilities), and they are trained to handle it."

"People of my age bring administration, organization and professional expertise and abilities that younger people just don't have," said Mayer.

Mayer has been a registered

nurse for more than 20 years. In recent years, she has used that knowledge with her current involvement in national emergency planning. Joining Naval Reserve, she said, was "one way to repay this country for all the privileges I have." Her husband is Assistant Secretary of Defense for Health Affairs Dr. William Mayer.

These nurses — like all other doctors and nurses who want to join the Reserve forces — had to meet the same commissioning requirements as any other prospective member.

"I started processing in February 1988," Mayer said. "I had to pass the physical, drug test and HIV test (for acquired immune deficiency syndrome)."

Rudowski agreed. "The day before my (selection) board I was 1 pound overweight," she said. She met the weight standard before the board convened.

Rudowski is assigned to the 2290th Army Hospital, Rockville, Md., where she'll spend one weekend a month. She's anxious to know where her two weeks of annual active duty will send her. "Wherever they want me to go, I'll be ready. As a nurse, I believe a patient's illness is a temporary stopgap in their life. I'm here to help people."

"We are told that the American soldier does not know what he is fighting for. Now, at least, he will know what he is fighting against."
—Dwight D. Eisenhower, 1945

DEERS enrollment a must to use dental plan

AURORA, Col. — Most people know by now that they must be listed on the DEERS computer data banks in order to have their CHAMPUS claims processed.

But many active-duty family members still don't realize that they must also be enrolled in DEERS to get claims paid under the uniformed services' Active Duty Dependents Dental Plan.

(NOTE: the dental plan is not part of CHAMPUS, and is available only to the eligible family members of active-duty servicemen and women. To enroll in the dental plan, the active-duty sponsor must complete the appropriate forms at his or her military personnel office. After enrolling, a monthly premium

will be withheld from the sponsor's pay.)

DEERS is the Defense Enrollment Eligibility Reporting System, a computerized listing of active-duty, deceased and retired service members and their CHAMPUS-eligible family members, and certain former military spouses.

Information on all persons eligible for the dental plan who are listed in DEERS is provided to DDP*Delta, the contractor that administers the Active Duty Dependents Dental Plan. Delta uses this information to determine eligibility for claims payment.

If the dependents of an active-duty service member are

not listed in DEERS, their claims will be denied. Denied claims will be returned with instructions for the service member to contact his or her military personnel office, finance office, or DEERS, to correct any enrollment errors.

Sponsors must contact their nearest military personnel office to get information about enrolling their eligible family members in DEERS and the dental plan. Until they're signed up with DEERS, those family members can't get claims under the Active Duty Dependents Dental Plan paid.

For information about DEERS enrollment, you may also contact the DEERS Telephone Center, from 6 a.m. - 3:30 p.m. Pacific Time, Monday through Friday, at the following toll-free numbers:

- 1-800-334-4162 (California only)
- 1-800-527-5602 (Alaska and Hawaii only)
- 1-800-538-9552 (all other states)

NORWESTER

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Navy Relief Society begins fund-raising

Commanding officers have been encouraged by the Secretary of the Navy to conduct their Navy Relief Society fund-raising campaigns from May 4 to June 6, which also are the dates of the Battles of the Coral Sea and Midway, respectively.

Since its founding in 1904, Navy Relief has been a principal source of emergency assistance to members of the Navy and Marine Corps, both active and retired, as well as their dependents and survivors. Whenever these people are in need, Navy Relief responds with aid in the form of interest-free loans, grants and other free services.

When you are asked to give during this year's annual call for contributions, remember that the Navy Relief Society exists only to help the most important people on earth — you and your dependents.

Myth: Navy Relief throws away its contributors' money on continuous handouts to people who overspend.

Fact: Navy Relief provides funds for valid needs, not want. Navy Relief has helped people who overspend, particularly if the children of the overspenders are hungry or ill. Navy Relief does not insist that overspenders live within their pay if additional help is needed.

DVA begins using DEERS

AURORA, Col. — Beginning April 1, 1989, persons eligible for health care under the Civilian Health and Medical Program of Veterans Administration (CHAMPVA) will be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS). The Department of Defense and the Department of Veterans Affairs (DVA) have arranged to enroll in DEERS all those CHAMPVA beneficiaries who have applied for benefits and have been found eligible for civilian health care.

CHAMPVA beneficiaries don't need to complete any new forms or applications for DEERS enrollment. The DVA has furnished DEERS with an automated listing of CHAMPVA-eligible beneficiaries by Social Security Number.

Contractors who process health care claims will use DEERS to verify eligibility for CHAMPVA benefits before paying claims.

If a CHAMPVA beneficiary's claim is denied and he or she believes an error was made in determining eligibility, the beneficiary should write to:

CHAMPVA Center
1055 Clermont St.
Denver, Col. 80220

First students graduate from expanded HM "A" School

By Liz Noland
Naval Medical Command

NAVMEDCOM, WASHINGTON, D.C. — The first 14-week Hospital Corpsman "A" School classes graduated April 13 (Great Lakes) and April 14 (San Diego). Previous classes were of 10-week duration, the last of which graduated March 10 in San Diego and March 17 in Great Lakes.

The shorter, original HM "A" school course was in response to a Navy decision to provide corpsmen with task-based training, said Captain Vern Schinski, MSC, commanding officer of the Navy's Health Sciences Education and Training Command at Bethesda. "The 14-week course is more knowledge based and deals with problem solving," said Schinski. "It will allow graduating HMs to work somewhat more independently."

Nearly 100 hospital corpsmen will be among the first to graduate from the new course. Classes convene weekly at both the San Diego and Great Lakes Hospital Corpsman "A" Schools, usually with all available billets filled (45 and 76, respectively).

The revised and extended training will better prepare Navy hospital corpsmen for their jobs. Navy Surgeon General Vice Admiral James A. Zimble recently commented on the course, saying, "That added training means our third class hospital corpsmen are able to do more for (patients), and their morale is boosted by their ability to do so."

To ensure training opportunities continue, a follow-up training program is now on line. Schinski described the program, which graduating corpsmen need to complete within one year of reporting to their first duty station, as "similar to watchstanding training, where they demonstrate competency to perform a variety of tasks."

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'American Red Cross volunteers contribute greatly to our medical health care system'

By Vice Admiral
James A. Zimble
Navy Surgeon General

Everywhere that somebody needs help, the American Red Cross can be counted on to provide it,' says Navy Surgeon General Vice Admiral Zimble

WASHINGTON, D.C. — "Somewhere somebody needs help" is the American Red Cross theme for 1989. Last year, more than half a million of those somebodies were active duty military people, including 93,523 sailors and 50,061 marines. Nearly everywhere that somebody needs help the American Red Cross can be counted on to provide it. It does so through a network of staff and volunteers. Nearly 43,000 of those volunteers are connected with the armed forces — military spouses, veterans and active duty people — and a significant portion of them work in military medical treatment facilities.

The support and dedication of American Red Cross volunteers increases the military's capability to provide quality care to our beneficiaries. For instance, it is through the American Red Cross network that a dentist, the wife of a service member stationed in Okinawa, is able to maintain her skills; the medical chain of command reviewed and approved her credentials, and she now works as a staff dentist on a volunteer basis. In Keflavik, Iceland, the American Red Cross volunteers redecorated the pediatric ward and are working on restarting their dental assistance program, in which the dental staff trains volunteers to serve as their assistants. In Naples, a registered nurse volunteer runs a four-hour obstetrics orientation at the hospital that addresses patient concerns and discusses what to expect during pregnancy as well as what dental, dietary and routine medical care needs will be. Also at Naples is an AIDS

education program that the Red Cross, in cooperation with the EPMU, has tailored to active duty people, spouse and upper-level school children. Many of our facilities have similar programs which make excellent use of a superb pool of volunteer talent in our midst. Through programs such as these, working closely with the medical staff, American Red Cross volunteers contribute greatly to our medical health care system. We need to establish and nurture these cooperative and independent programs throughout our system.

Commands should take every opportunity to encourage these volunteers who so very generously give of their time and talents, and promote programs encouraging volunteerism. I urge each of you to arrange to recognize your volunteers' contributions now and throughout the year and make every effort to effectively tap that great reservoir of wonderful people known as volunteers.

People come first, from cover



Chief of Naval Operations Admiral Carlisle A.H. Trost, U.S. Navy (Official U.S. Navy photo)

do it the old-fashioned way: work hard and combine all the forces at your disposal," the CNO stressed.

Admiral Trost told the legislators that the Navy's third major priority is the future.

"We must look to the future as we allocate resources today, wisely planting the seedcorn of research, development, test and evaluation. This will include incorporating key advances in advanced anti-submarine warfare technologies, low-observability, command and control systems, long range cruise missiles, and space systems," the admiral said.

In concluding his testimony,

Adm. Trost told the Congressmen that his assessment of today's Navy is a good one—a Navy ready to fight and win at sea.

"It is a fact of life that our Navy will continue to be the force of choice in the real world. With your support, we will be ready when called upon to serve our national interests; on distant seas wherever and whenever required," he told the lawmakers.

Admiral Trost is expected to reiterate the same themes in further testimony before other House and Senate committees.

An 'APLE' for future teachers

Students enrolled in courses leading to an undergraduate degree in education or a teaching credential may apply to the California Student Aid Commission and have up to \$8,000 of their student loans paid through the Assumption Program of Loans for Education Students (APLE).

The financial aid office at any National University campus can

assist students with applications. Deadline for application is June 1, 1989.

To receive APLE aid, applicants must agree to teach in schools that serve a large population of low income families or in a subject matter area with a shortage of teachers. The qualified subject matter areas are math, sciences, bilingual education, English and special

education.

For more information on the APLE program and other financial aid available to education students, contact the Financial Aid Department at the nearest NUM center, or call (619) 563-7175.

 **American Red Cross**

Carriers, from cover

operating in strategic regions of the world, serving as a deterrent and protecting our interests without reliance on foreign bases and the attendant sovereignty constraints, is the U.S. Navy. The carrier battle group is the centerpiece of this military force.

Electronically integrated, the carrier, its complement of 80-90 multi-mission aircraft and accompanying cruisers, destroyers and submarines, provides a four-dimensional warfare capability. At a time when the battle sphere has expanded from the radar horizon to more

than a thousand miles, the carrier battle group provides a capability unmatched by any other military component in existence. Highly mobile and flexible, the battle group sends a strong political signal to an adversary or if need be, can take complete control of an area.

If power is not required and a political situation is stabilized, the battle group simply steams away with no signals of retreat or weakness.

But why 15 carriers and not a lesser number? Failure to achieve a 15 deployable carrier

force presents two unacceptable results. The first is that we will be forced to abdicate some global commitments. This abdication equates directly to a lessened U.S. influence throughout an increasingly economically interdependent, multipolar and militarized world.

Because U.S. commitments will not decline, we cannot afford to take this strategic risk of a reduced carrier force structure. To meet our level of commitments with fewer forces would result in each ship and

aircraft squadron having to be underway more, being gone from home longer and working harder. An example illustrating this is the deployment of the USS EISENHOWER battle group during the Iranian hostage crisis. That battle group deployed for 254 days with only five days in port.

Meeting our commitments with a lesser carrier force will result in cost increases, not savings. Overhaul and maintenance costs would go up, as we saw in the Vietnam era when to a significant extent we wore the

Navy out. Retention would go down, just as we saw in the 1970s, when emergent commitments (e.g., Indian Ocean) were added to our carrier force level without an increase in carrier numbers. We ran sailors and their families into the ground and paid for it, as these men chose to leave the Navy and left us with quantifiably lower levels of readiness—a level of readiness that provided us a much reduced level of confidence. This represents an institutional risk we also cannot afford.

News Briefs

WASHINGTON, D.C. (NNS) — President George Bush has announced the nomination of H. Lawrence Garrett III to be the 68th Secretary of the Navy.

Garrett is currently the Undersecretary of the Navy and would succeed William L. Ball III in the position upon Senate confirmation.

WASHINGTON, D.C. (NNS) — Rear Admiral Richard H. Truly, USN, is the President's choice to head the National Aeronautics and Space Administration.

"This marks the first time in its distinguished history that NASA will be led by a hero of its own making," said President George Bush in a White House ceremony recently, "an astronaut who has been to space, a man who has uniquely experienced NASA's tremendous teamwork and achievement."

Truly currently serves as head of the space shuttle program at NASA and has flown on two shuttle flights during his career as an astronaut. The Senate must now vote on the nomination.

VALDEZ, Alaska (NNS) — With 22 offshore oil skimmers and 25,000 feet of offshore oil containment boom on scene, the Navy is assisting the clean-up effort of the worst oil spill in U.S. history.

Approximately 100 Department of the Navy civilians and contractors are in Valdez to help clean up over 10 million gallons of crude oil. The spill occurred when the tanker Exxon Valdez ran aground in Prince William Sound March 24.

The first Navy assistance arrived on scene March 27 when two Marco-Class V skimmers were sent from the Navy's Emergency Ship Salvage Material Base in Stockton, Calif. The Navy has since supplied 20 more skimmers and almost 100 operators and supervisory personnel.

PERSIAN GULF (NNS) — With reduced tensions in the Persian Gulf, sailors aboard three Atlantic Fleet minesweepers and a tank landing ship will be coming home.

USS Fearless (MSO-442), USS Illusive (MSO-448) and USS Inflict (MSO-456) left the Gulf April 1 under the escort of USS Peoria (LST-1183). The ships were part of the six-ship minesweeper force that was sent to the Gulf 18 months ago to support "earnest will" escort missions. Since arriving on stations, the Korean War-era minesweepers have cleared more than 50 mines from the Gulf's waterways.

Defense Department spokesmen said the reduction was made possible by continued observance of the Iran-Iraq ceasefire and successful minesweeping efforts by U.S. and Allied Forces.

WASHINGTON, D.C. (NMPC) — During visits to installations in Europe and Turkey last fall, members of the Defense Advisory Committee on Women in the Services (a high-level group designed to advise the Secretary of Defense on issues relating to women in all the military services) heard some concerns about whether women would be evacuated if tensions increased or actual hostilities commenced.

Navy policy on this matter is very clear. Navy already assigns women in strict accordance with the laws regarding combat exclusion. Because of that, there should be no misunderstanding about what would happen in a case such as that mentioned. Navy women are full participating members of the commands to which assigned. They would continue to perform as full members of those commands in more difficult times just as they do in peacetime. What that means is that Navy women would not be evacuated. They are serving in commands where their service is authorized by law and they would not be removed from those commands in times of conflict.

NORFOLK, Va. (NNS) — Sailors from Helicopter Antisubmarine Squadron Nine (HS-9) and aircraft carrier USS Theodore Roosevelt (CVN-71) pulled 15 civilians out of the Mediterranean Sea April 13.

The six-hour ordeal was hampered by heavy swells. Captain Dayton W. Ritt, commanding officer of the Norfolk-based carrier, responded to distress calls from four sailing vessels, part of a 16-boat flotilla enroute from Toulon, France, to Bonifacio, Corsica. The boats were endangered by 30-foot seas and 70-knot winds.

OSLO, Norway (NNS) — A Soviet "Mike" class nuclear-powered submarine caught fire and sank 312 miles off the coast of Norway March 31.

Soviet News Agency Tass reports there were ten torpedoes including two with nuclear warheads onboard when the vessel sank. No radioactive leakage was reported. The ship's captain and 42 sailors were killed and 27 were evacuated.

Norwegian authorities will monitor the water surrounding the wreckage for possible radioactivity for the next few years. The submarine is resting on the ocean bed 4,500 feet below the surface.

Medically Speaking

Women's Health Month

Cervical cancer may be linked to sexual activity

SAN FRANCISCO, Calif. — In the past two decades, as sexual attitudes have changed, we have seen an increase in sexually transmitted diseases and the health risks associated with them. The most serious disease transmitted by sexual activity is AIDS (Acquired Immunodeficiency Syndrome). Many other diseases that can be transmitted during sexual intercourse are also on the increase. These

diseases include condyloma (genital warts), herpes, chlamydia, gonorrhea, syphilis and hepatitis. The incidence of cervical cancer is also rising. The cervix is the opening of the uterus or womb, a pear-shaped muscular organ in the abdomen. The primary cause of this increase in cervical cancer seems to be a specific organism that is transmitted during sexual inter-

course. That organism is one or more strains of the human Papilloma virus (HPV). Human Papilloma virus infection has become an epidemic in recent years. This virus is most often seen as genital warts (condyloma acuminata). There are many different strains, or types, of HPV and cervical cancer is thought to be caused by some but not all of them.

If you are not in a mutually monogamous relationship, you should take precautions in order to avoid HPV infection and other sexually transmitted diseases, including AIDS. This means always using a latex condom and spermicide when you have sexual intercourse. When used properly, condoms substantially reduce the risk of becoming infected with sexually transmitted diseases. Both women and men must take responsibility for protecting their health and the health of their partners.

Once infected with HPV, the woman may not develop any symptoms for an indefinite period of time. Then when other conditions are present, such as a depressed immune system, the virus enters the cell and cervical cancer may develop. Cervical cancer usually takes many years to develop, although there have been cases in young women who had a normal Pap smear the year before.

HPV usually infects the genital area, including the vulva and vagina, and in the male, the scrotum, anus and penis. It can occasionally occur in the

mouth. It is important to remember several things about HPV infection:

It is a virus that can be very stubborn and, at times, difficult to cure. The patient's immune system, along with treatment, is probably the most important factor in curing the disease.

Babies born to women infected with HPV may become infected during birth, possibly resulting in a wart infection of the vocal cords which is very difficult to cure.

Most patients are cured of the warts caused by the virus through topical medication, freezing or laser treatment. If precancerous forms develop, again local therapy will cure the disease in most instances. Once infected, the patient may have some strains of the virus for life with the patient's immune system holding the virus in check.

Both men and women are infected with the human Papilloma virus. Studies have shown that when women are infected, 60 to 85 percent of the males with whom they have been sexually active will have some type of HPV infection on the penis. Recent studies have indicated that about 12 percent of the population will have HPV present on the penis or in the vagina without any lesion, but less than 25 percent of these same individuals will still have the virus a year later. This seems to indicate that the virus is very common in

the population but co-factors are probably necessary before a serious condition develops.

Co-factors are important for the initiation of cervical cancer. One important co-factor is smoking. Women who smoke are at double the risk for developing cervical cancer versus their nonsmoking counterparts.

The increase in cervical cancer is a serious medical problem. Fortunately, however, cancer at this site can be detected at an early and treatable stage by a Pap smear, which is part of the pelvic examination all women should have yearly. The doctor removes cells from the surface of the cervix; this takes only a few seconds and is not painful. The cells are then examined under a microscope to determine whether they are normal or not. If the cells are abnormal it is possible to treat the precancerous condition and early malignancy easily, and the cure rate is high.

If you are not in a monogamous relationship, protect yourself against HPV and other sexually transmitted diseases by always using condoms when you have sexual intercourse, and see your physician yearly for Pap smears. Cervical cancer can be treated and cured if discovered early.

Prepared by the California Medical Association. Specific questions should be directed to your physician.

Pap smears are 95% accurate in detecting cervical cancer

By Claire Wing, RN, and Charlene Fernandez, RN
NAVCARE Clinic, Oakland

NAVCARE CLINIC, Oakland — A Pap smear is part of a routine gynecologic examination done to screen for cervical cancer. The smear is a microscopic exam of cells collected by a health care practitioner who inserts a vaginal speculum, then painlessly scrapes the cervix with a small wooden spatula and/or nylon brush. The brief exam is about 95 percent accurate in detecting early preinvasive cancer of the cervix.

Physicians recommend women initially have a routine Pap smear after the onset of sexual activity and then on an annual basis. Here are some tips for making the experience easier and more effective:

- Schedule the exam between menstrual cycles (don't douche or instill medications into your vagina 24-hours prior to scheduled exam).
- Know the date of your last

menstrual cycle and be aware of recent and significant personal and family health history to assist your practitioner.

- Let the practitioner know if this is your first gynecological exam.

- Empty your bladder prior to the exam.

The NAVCARE clinic in Oakland offers Pap smears as well as other routine gynecological services. The clinic staff encourages all women — military active duty, dependents and retired personnel to come to the clinic for these routine examinations.

Pap smears are scheduled at the NAVCARE clinic from 10 a.m. to 6 p.m., Monday through Friday, and 8 a.m. to noon on Saturday and Sunday.

Along with the NAVCARE Clinic, most military medical facilities offer full gynecological services. Just contact your patient affairs representatives at local hospitals and clinics for additional information or to schedule an appointment.



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Federal Corner

On January 1, 1990, retiring employees will no longer be able to continue their Federal Employees Group Life Insurance (FGLI) into retirement at no cost. Employees retiring on or after that date will have to pay their basic life insurance premium until they attain age 65. The premium cost is the same as it is for employees. Of course, in either case (no cost or premium same as current employees), the amount of insurance reduces two percent per month after age

65 to a minimum of 25 percent of the basic insurance amount at retirement. All retiring employees have the option of keeping their insurance at a higher level of coverage (no reduction or 50 percent reduction) by electing to pay a higher monthly premium at retirement. Retiring employees must have had the FGLI at least five years prior to retirement, or since their first opportunity, in order to continue it into retirement.

We want your questions! We'll provide you the answers!

If you have questions in areas such as policies, procedures, benefits, or just want information regarding Federal Employee rights, here's an avenue to follow. Just complete the form and send it in — attention Sydney Santos/What's the Answer, Civilian Personnel Office, Naval Hospital, Oakland, Calif. 94627-5000. Mrs. Santos will provide the answer by individually contacting you or through the NORWESTER. (Editor's Note: The NORWESTER reserves the right to edit comments for journalistic style. All contributions become the property of the newspaper. "What's the Answer?" submissions will be selected at random for publication based on their timeliness of topics and geographic focus.)

Question (PLEASE PRINT CLEARLY):

Name/title: _____ Command: _____
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Regional Calendar

May 10—Asian Pacific American Heritage Week. The week of May 6-13 has been designated Asian Pacific Heritage Week by the Department of Defense. This year marks the 11th declaration by the President of the United States giving recognition to individuals who made valuable contributions to

the cultural history of America. This year's theme is Asian/Pacific Americans: Participation-Partnership-Progress. Naval Hospital Oakland will present a special recognition program in the Clinical Assembly Hall. Guest speaker will be Mr. Cressey Nakagawa, attorney-at-law. A no-host luncheon featuring

Asian edible delights will precede the program in the Hospital's main dining room. Regular meal prices will be in effect. The public is invited. For further information, call Mary Smith at (415) 633-5166 or HM2 Monty Martinez at (415) 633-5076.

Medically Speaking

Responding to the angry child

Courtesy of National Institute of Mental Health, Rockville, Maryland

In dealing with angry children, our actions should be motivated by the need to protect and teach, not by a desire to punish. Parents and teachers should show a child that they accept his or her feelings, while suggesting other ways to express the feelings. An adult might say, for example, "Let me tell you what some children would do in a situation like this..." It is not enough to tell children what behaviors we find unacceptable. We must teach them acceptable ways of coping. Also, ways must be found to communicate what we expect of them. Contrary to

popular opinion, punishment is not the most effective way to communicate to children what we expect of them.

Some of the following suggestions for dealing with the angry child were taken from the **Aggressive Child** by Fritz Redl and David Wineman. They should be considered helpful ideas and not be seen as a "bag of tricks."

Catch the child being good. Tell the child what behaviors please you. Respond to positive efforts and reinforce good behavior. An observing and sensitive parent will find countless opportunities during the day to make such comments as, "I like the

way you come in for dinner without being reminded"; "I appreciate your hanging up your clothes even though you were in a hurry to get out to play"; "You were really patient while I was on the phone"; "I'm glad you shared your snack with your sister"; and "Thank you for telling the truth about what really happened."

Deliberately ignore inappropriate behavior that can be tolerated. This doesn't mean that you should ignore the child, just the behavior. The "ignoring" has to be planned and consistent. Even though this behavior may be tolerated, the child must recognize that it is inappropriate.



Provide physical outlets and other alternatives. It is important for children to have opportunities for physical exercise and movement, both at home and at school.

Manipulate the surroundings. Aggressive behavior can be encouraged by placing chil-

dren in tough, tempting situations. We should try to plan the surroundings so that certain things are less apt to happen. Stop a "problem" activity and substitute, temporarily, a more desirable one. Sometimes rules and regulations, as well as physical space, may be too confining.

Chaplain's Corner

By LCDR Sam Platts, CHC
Naval Hospital, Oakland

A recent national survey revealed that Americans are overwhelmingly religious, but not in the way you might expect.

People are less loyal to the religion of their parents today than was the case years ago. This is why so many "non-denominational" churches are growing rapidly today. A typical non-denominational church may have former Lutherans, Roman Catholics, or former members of other churches, who have left the church of their parents in search of a church that gives them more satisfying meaning to life.

At the same time, other people are finding that the Lutheran, other mainline Protestant, or Roman Catholic churches provide new religious experiences which they find very satisfying. The movement from one religion to another is increasingly common as people find themselves on a spiritual journey.

This should be a warning to churches that they simply cannot rest on their laurels and expect to survive with the same members they have always had. Instead, they will have to pay attention to the spiritual hunger and thirst of modern people and try to meet those very real spiritual needs. Failure to meet spiritual needs will doom any religion. As Jesus said, "Feed my sheep."

Earaches may be serious problems

SAN FRANCISCO, Calif. — Children under five years of age often experience pain or discomfort in the ears. The cause of the problem may be inflammation within the middle ear or pain that begins in the throat, often the tonsils.

The most common condition is fullness or stuffiness in the ear which results in discomfort for the child. This condition, called serous or secretory otitis media by physicians, is usually associated with the common cold and with nasal allergy, but can also occur with changes in altitude. Enlarged adenoids are often associated with this problem. The narrow eustachian tube, which connects the middle ear with the back of the nose, becomes obstructed by the enlarged adenoids or by

swelling of the tissues around the opening of the tube. As a result, fluid collects in the middle ear giving a sensation of fullness, stuffiness and intermittent hearing loss. As the child grows older, the frequency of this type of ear complaint diminishes. This is because the adenoids begin to shrink at about puberty and, at the same time, the eustachian tube enlarges.

In cases of chronic or recurring ear pain or stuffiness, the cause of the eustachian tube obstruction may have to be treated or removed surgically. In addition, a plastic ventilating tube may have to be inserted to serve as a temporary substitute for the non-functioning eustachian tube.

Actual severe earache may oc-

cur in children of any age as a result of infection within the middle ear. This is usually accompanied by an infection of the upper respiratory tract. The child may have an increased temperature, lack of appetite and generally seem to be ill. These infections require specific therapy with anti-biotics.

It should be obvious from the above that earache in children may be a serious problem. Consult your doctor when your child complains of pain or discomfort in an ear. Do not attempt relief methods on your own — such as ear drops or warm oil — since this may make the diagnosis of the ear problem more difficult.

Prepared by the California Medical Association.

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DAYS OF REMEMBRANCE

1989

U.S. HOLOCAUST MEMORIAL COUNCIL

(Editor's note: The following benediction was delivered by Chaplain Arnold E. Resnicoff, U.S. Navy, at the 1987 National Civic Commemoration of the Days of Remembrance in the U.S. Capitol Rotunda.)

O Lord our God
help us pray — as our ceremony ends,
that our service might begin.
And keep us from forgetting the difference.
Keep us from feeling too good
about what we say and do today,
for words are not enough,
and it is far too easy to recall
gigantic evil done by others,
yet miss the link to seeds of future horror
in our own lives:
in apathy, in the careless racial slur,
in blindness to a neighbor's wound,
or deafness to his cry. . . .

And yet,
let us take some pride — and hope —
in what we do today,
for sometimes words can pave the way:
songs and prayers
can bear witness to the good within us still;
can give dreams a voice —
a call which might be, must be, heard,
to give direction to our lives.

So, from the Holocaust we learn:
when we deny humanity in others,
we destroy humanity within ourselves.
When we reject the human and the holy
in any neighbor's soul
then we unleash the beast and the barbaric
in our own heart.

and, since the Holocaust, we pray:
if the time has not yet dawned
when we can all proclaim our faith in God,
then let us say at least
that we admit we are not gods ourselves.
If we cannot yet see the face of God in others,
then let us see, at least,
a face as human as our own.

So long ago
the Bible taught that life might be
a blessing or a curse:
the choice is in our hands.

Today we vow:
the curse will be remembered.
But our prayer must also be:
to fight despair;
to find the strength, the courage,
and the faith,
to keep alive the dream
that — through us and through our children —
the blessing might still be.



Dedicated on May 30, 1985, the 15-foot, two-ton bronze sculpture, *Liberation*, is the creation of the late Natan Rapoport, the Polish-born artist who died on June 4, 1987. His artistic goal was to embody in bronze a daring vision: in the face of sorrow and tragedies, he asserted that hope can triumph despite atrocity. The sculpture is located in Liberty State Park, New Jersey, which forms a triangle with the Statue of Liberty and Ellis Island.

Liberation depicts an American soldier carrying a survivor out of a concentration camp. The chests of the rescuer and rescued are joined, as if sharing one heart. The way that the survivor's body is cradled in the arms of his liberator reflects comfort and trust.

Liberation is a testament of the Americans who liberated the camps, and it is a memorial to those who perished. But it is also a symbol of the strong helping the weak, not persecuting them. It is a vision of one human being supporting another. It is a tribute to the best of America's dreams: freedom, compassion, bravery, and — above all — hope. (Photo courtesy U.S. Holocaust Memorial Council)

Greetings to the men and women of the Armed Forces as you observe the Days of Remembrance.

We Americans, participants in the liberation of Europe in World War II, know all too well the horrors of the Holocaust. On the Mall in Washington a museum is taking shape to help share that knowledge with those who visit our nation's capital. And in scores of communities across the country, our

citizens are sharing in similar projects of education and commemoration. Remembrance is a continuing challenge to all Americans, and our role is to teach—to help all of us and our children to honor the sanctity and dignity of every human life. We must remember to teach tolerance and respect for every person, regardless of race, color, or creed.

The Holocaust serves as a warning to all peoples. Let us

remember what happened. Let us understand the evil that our troops defeated as they liberated the concentration camps in Europe and cared for the survivors.

Memory is our duty to the past, and it is our duty to the future. Let us strive to communicate the critical message to all: "Never Again."

February 1, 1989
President George Bush

Days of Remembrance

President Bush: '...our role is to teach — to help all of us and our children to honor the sanctity and dignity of every human life.'

Courtesy "Days of Remembrance"

The Holocaust was the systematic, bureaucratic annihilation of six million Jews by the Nazis and their collaborators as a central act of state during the Second World War; as night descended, millions of other peoples were swept into this net of death. It was a crime unique in the annals of human history, different not only in the quantity of violence — the sheer numbers killed — but in its manner and purpose as a mass criminal enterprise organized by the state against defenseless civilian populations. The decision to kill every Jew everywhere in Europe; the definition of Jew as target for death transcended all boundaries.

The concept of the annihilation of an entire people, as distinguished from their subjugation, was unprecedented; never before in human history had genocide been an all-pervasive government policy unaffected by territorial or economic advantage and un-

checked by moral or religious constraints.

The Holocaust was not simply a throwback to medieval torture or archaic barbarism but a thoroughly modern expression of bureaucratic organization, industrial management, scientific achievement, and technological sophistication. The entire apparatus of the German bureaucracy was marshaled in the service of the extermination process.

The following words were found scratched on the walls of a cellar in Cologne, Germany, where Jews hid from the Nazis who would take their lives:

I believe in the sun,
even when it is not shining.
I believe in love,
even when I don't feel it.
I believe in God,
even when He is silent.

The Reverend Martin Niemöller, a pastor in the German Confessing Church, spent seven years in a concentration camp. He wrote the following words:

First they came for the

communists,
and I did not speak out —
because I was not a
communist.

Then they came for the
socialists,
and I did not speak out —
because I was not a socialist.

Then they came for the
labor leaders, and I did not
speak out —
because I was not a labor leader.

Then they came for the Jews,
and I did not speak out —
because I was not a Jew.

Then they came for me —
and there was no one left
speak out for me.

The following words come from the book, *Man's Search for Meaning*, written by Victor Frankl:

We who lived in the concentration camps can remember the men who walked through the huts comforting others, giving away their last pieces of bread.

They may have been few in number, but they offer a sufficient proof that everything can be taken from a man but

one thing: the last of his freedoms — to choose one's attitude in any given set of circumstances, to choose one's own way to die.

The following words come from Anne Frank's diary. They are dated 15 July 1944:

It's really a wonder that I haven't dropped all my ideals, because they seem so absurd and impossible to carry out. Yet I keep them, because in spite of everything I still believe that people are really good at heart. I simply can't build up my hopes on a foundation consisting of confusion, misery, and death.

I can see the world gradually being turned into a wilderness, I hear the ever approaching thunder, which will destroy us too, I can feel the sufferings of millions — and yet, if I look into the heavens, I think that it will all come out right, that this cruelty too will end, and that peace and tranquility will return again.

In the meantime, I must

uphold by ideals, for perhaps the time will come when I shall be able to carry them out.

On April 12, 1945, General Dwight D. Eisenhower, Supreme Commander of the Allied Forces Europe, wrote the following words in a letter to George Marshall, his Chief of Staff — describing his first visit to one of the camps liberated by U.S. forces:

The things I saw beggar description... The visual evidence and the verbal testimony of starvation, cruelty, and bestiality were so overpowering as to leave me a bit sick.

In one room, where there were piled up twenty or thirty naked men killed by starvation, George Patton would not even enter. He said he would get sick if he did so.

I made the visit deliberately, in order to be in a position to give first-hand evidence of these things if ever, in the future, there develops a tendency to charge these allegations merely to 'propaganda'.

By Sgt. Maj. Rudi Williams, USA
American Forces
Information Service

Benjamin Meed, a survivor of the Warsaw Ghetto uprising, came to America with his wife, Vladka, on May 24, 1946, with 8 in his pockets seeking freedom and a new way of life. They couldn't speak English and didn't have any relatives to take them in, as they sailed past the Statue of Liberty into the Port of New York aboard a military vessel.

The only thing they brought with them were horrible, painful memories and seemingly unrelenting nightmares of years under the Nazi's reign of terror. The world they had known no longer existed: their native Warsaw they loved so dearly that seemed with nearly a half million Jews before the Holocaust.

"Every block of the Jewish quarter was filled with synagogues and schools, theaters and book shops, merchants and workers, Hasidim and secular Jews. After Warsaw's destruction, the ghetto was so devastated that it had to be plowed under. A new city without Jews — seemingly without even the memory of Jews — would ultimately be built on its ruins," Meed wrote in a May 31, 1986, *New York Times* article.

Now, more than 43 years later, the physical wounds he suffered in Nazi concentration camps have long ago healed, but the

mental anguish of his gruesome ordeal is still deeply embedded. He and thousands of other survivors nationwide are striving to make sure the world never forgets the Holocaust during which 6 million Jews and 5 million non-Jews were killed.

Meed, who served on the editorial board for the DoD publication *Days of Remembrance*, is president of the American Gathering/Federation of Jewish Holocaust Survivors, said the fact that there were survivors was a miracle or sheer luck. "If the war had lasted for another six months, there would be no survivors at all or only a very few," said Meed, who is also chairman of the Content Committee for the U.S. Holocaust Memorial Council. "Hitler was carrying out a war against the world and also a war for the 'final solution' against the Jews. He managed to murder 6 million Jews for no reason at all — just because they were born Jews."

With their dying breath, Jews in Nazi gas chambers screamed to those outside begging them to tell the world about the Holocaust. The response is well under way to honor the wishes of those who perished. The congressionally mandated U.S. Holocaust Memorial Museum is being built on the Mall in Washington, D.C., as the pre-eminent Holocaust memorial museum, educational center and archive for the nation. Major memorials to the Holocaust are also being constructed in New York, Los Angeles, Miami



A collection of six-inch ceramic tiles handpainted by schoolchildren depicting their impressions of the Holocaust. Six thousand handpainted tiles will be used on the "Wall of Remembrance" in honor of the 1.5 million Jewish children murdered by the Nazis during World War II. (Copyright 1988 by New York Times Company. Reprinted by permission)

and other cities. There are many other projects in progress across the country geared toward preserving the story of the Holocaust for future generations.

"Although the Holocaust is mostly a Jewish tragedy, the lesson is universal," said Meed. "We all must prevent this from happening again anywhere in the world to any people."

The world must know precisely what happened and how it happened, who the victims were and who the murderers and collaborators were in a world of indifference."

ice of the victims of the Holocaust

Regional

Hospital Corpsmen make boo boos all better

By JO2 T.S. Begasse
NORWESTER staff writer

Caring for the sick and injured in wartime and in peace has been the primary mission of the Navy Hospital Corps since it was formed June 17, 1989.

Initially assigned to revolutionary warships as "Loblolly Boys," the ancestors of today's corpsmen brought comfort to the disabled.

Corpsmen have seen the War of 1812, Civil and Spanish American Wars. During the China uprising in 1900, the first Medal of Honor went to a corpsman — Hospital Apprentice Robert Stanley.

During the first World War, the strength of the corps grew from 1,584 men to more than 10,000 within a year, to keep pace with the upheaval in Europe.

Then came World War II, the Korean and Vietnam Wars, when hospital corpsmen responded to traumas with innovative methods of care, imagination and skill. They supported the U.S. Marine Corps in the field, delivered babies, helped the young and old alike. They freely gave of themselves to provide medical care to

disease-stricken villagers. Their compassion was undying, while their professionalism was ever-present.

The Hospital Corps has a heritage and history of a proud tradition. The corpsmen of the past have handed it down to the corpsmen of today. These dedicated members are not only willing but prepared to lay down their lives at any moment for the freedom of others.

In the Bay Area, in recognition of this elite corps of enlisted members, the annual Birthday Ball will commemorate 91 years of dedication and selfless compassion. The Hospital Corps' Birthday Ball will be held at the Hyatt Regency at the Oakland International Airport on June 16 from 6 p.m. to 2 a.m.

This year's celebration promises a night to remember, filled with fine dining, dancing through the night, a special guest speaker and a commemorative ceremony.

A piano bar in the lobby of the Hyatt's ballroom will set the mood. A no-host bar will be available from 6 to 7 p.m. Dinner will follow and include prime rib and a chicken entree, with bottles of white and red

wine available for \$12. The ceremony will begin at about 9 p.m. with dancing to follow.

Uniforms are optional at the semi-formal event. For those desiring to stay overnight at the Hyatt, a military discount is available. Be sure to present your identification card and make sure the reservation desk is aware that you desire the discount.

Tickets for the ball are currently on sale at Naval Hospital, Oakland, during lunch on the 3rd deck, and at branch clinics in the Bay Area. Single tickets cost \$25 and couples may purchase two tickets for \$45. The price includes dinner; alcoholic beverages are extra.

For those who don't drink, a "Designated Driver" policy will be offered. If interested, you will receive free non-alcoholic drinks through the evening. In addition, transportation will be provided from Naval Hospital, Oakland, to the ball, and then back to the hospital after the ball.

Commemorative satin-etched wine glasses will be given to attendees, and a photographer will be available in the lobby to take pictures — photographic packages may be purchased that night to capture the celebration.

Throughout the evening, door prizes ranging from bay cruises to dinner for four at the Hyatt will be awarded — in fact, more than 25 gifts will be presented before the night ends.

So what are you waiting for? Join in on the celebration and experience an unforgettable evening. Everyone is invited!!



In 1888, corpsmen bearing red crosses on their sleeves provided medical support for this brigade hospital at Camp Osceola, Magnolia Bluff, Pensacola, Fla. Members of the North Atlantic Squadron Encampment were just a few of the many soldiers, sailors and marines who received care from the U.S. Navy hospital corpsmen. (Photo by E.H. Hart, New York circa 1888)

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Betty Winsby is pinned with a carnation by Captain C. Gordon Strom, commanding officer, Naval Hospital, Oakland, during her retirement ceremony. (U.S. Navy photo by SN M. Herrington)

A portrait in dedication

Oak Knoll staff bids farewell to 'resident historian' E.Y. Winsby

By JOI D. Guiam
Norwester Staff Writer

NAVAL HOSPITAL, OAKLAND — Elizabeth Yost Winsby is as special and legendary as Naval Hospital Oakland or, Oak Knoll, as it is commonly called. According to many of her colleagues, the two are inseparable. She joined the hospital seven years after its establishment in the summer of 1942, so talking to "the resident historian" is like turning the pages of Oak Knoll's history book.

However, the chapter on her dedicated service is about to

close after more than 40 years in the Patient Affairs Department. This ending is a concern to those who have worked with Winsby, leaving them to ponder: "What will it be like at Oak Knoll without Ms. Winsby?"

"I have gained a lot of knowledge over the years, but I don't feel indispensable at all," said Ms. Winsby in her usual self-effacing manner. "Naval Hospital Oakland will go on. Everything must go on."

"I am very sad to leave the hospital," she continued as she held her tears back. "I'm ready to cry now. It's like I am leaving

a big portion of my life here."

Winsby landed a job at Oak Knoll in 1949 out of curiosity and, you may add — boredom. She met her husband and co-worker at the Alameda County Board of Education and quit her job there after giving birth to a baby girl. Convinced that there's more to life than keeping her family in tow and the house squared away, lured by the "shining village" nestled in the Oakland hills, she decided to re-join the work force.

"Oak Knoll looked like a mining town back then" she

See DEDICATION, p. 3

S.F. dental clinic's commanding officer to chair CFC campaign

By Nikita Robinson, PAS
S.F. Bay Area Feb., INSIGHT

Captain Donald Antrim, Dental Corps commanding officer of the U.S. Navy's San Francisco Dental Clinic, has been appointed Chair of the Fall 1989 Combined Federal Campaign (CFC) by Robert H. Miller, chair of the San Francisco Bay Area Federal Executive Board.

As chair, Antrim plans to roll up his sleeves and get to work, his goal for the CFC is to raise \$3.5 million. He adds that the key to this is to involve top levels of management throughout federal agencies, civilian, postal

and military.

"The greater you can get the 'bosses' to actively participate in and support the Campaign, the greater the understanding and participation of other members within each agency," said Antrim. Since its creation by President Dwight Eisenhower in 1957, the CFC has been the major charitable fund-raising vehicle for federal employees across the nation.

The federal employee population in the Bay Area's five counties, which the Campaign addresses, includes 82,000 employees from 450 different

federal organizations, ranging from the Forest Service, Customs Service and Veterans' Affairs to the Coast Guard, the U.S. Army and the U.S. Navy. Moreover, various federal agencies make up the CFC Cabinet. Paul Barker Regional Forester, Forest Service, Pacific Southwest Region, will serve as the CFC vice chair this year. Last year Antrim served as the CFC chair of the Kick-Off Committee. In addition to his present position Antrim also serves as assistant chief of staff for dentistry, Naval Medical Command, Northwest Region.

Seattle clinic rewarded money for productivity

SEATTLE, Wash. — The Naval Medical Clinic, Seattle, has been targeted by the Naval Medical Command for a budget supplement as a reward for increased productivity of more than 20 percent over last year's activity. Commander M.N. "Bud" Lewis, MC, USN, the clinic's commanding officer, attributes the rise in productivity to the overall

positive, caring attitude and efforts of the entire Clinic staff. Commander Lewis especially praised the effective leadership added to the Clinic by Captain Thomas W. Henn, MC, USN, the command's director of medical services since July 1988. Commander Lewis said the extra money will be used to further improve patient services.

Glasnost, Perestroika: effects of United States

By Jim Garamone
American Forces
Information Service

American intelligence agencies are trying to understand what the Soviet policies of glasnost (openness) and perestroika (restructuring) will mean to the

defense of the West.

"The challenge in understanding the changes being implemented by (Soviet President Mikhail) Gorbachev is more difficult because we are trying to draw conclusions from a story that is in its first chapter," said Rear Admiral Thomas A. Brooks, director of naval intelligence, to the House Armed Services Committee.

Brooks said that the Soviets realize they have no choice but to pursue these policies. They suffer from political and economic stagnation and must transfer resources from defense to the civil sector. He said the Soviet military accepts this because it will need the innovations if the Soviets are to compete with the West in the next century.

"In the short run, perestroika
See SOVIET POLICIES, p. 3

CNO lauds navy people, warns about Soviet threat

WASHINGTON, DC (NES) — Chief of Naval Operations Admiral Carlisle A.H. Trost, testifying before the House Appropriations Defense Subcommittee on the Navy's proposed FY budget, praised the quality of the modern sailor and called good people his top priority.

"Nothing is more critical to our ability to perform our assigned mission at sea than our Navy men and women. Without them, our advanced technology, training, tactics and strategy will fail. Yet, we are poised today at the top of a roller coaster we have ridden before; over the next few years, unless we are diligent, the gap between the Employment Cost Index and military pay may widen while benefits our people receive will decline. "Given the demographic con-

straints all services must face, recovery will be expensive and difficult — as indeed it proved to be eight years ago. Today, we are fortunate to have the very best of a generation serving their nation at sea in dangerous, demanding jobs. As I look ahead, I wonder whether we will be able to continue

"Today, we are fortunate to have the very best of a generation serving their nation at sea in dangerous, demanding jobs," says Adm. C.A.H. Trost, Chief of Naval Operations.

to attract such a superb group in a potential environment of reduced pay and benefits With them, we can prevail at sea in any conflict."

In describing the Soviet threat, Trost pointed to examples of recently introduced military platforms and weapons, including the highly sophisticated *Akula* class nuclear attack submarine, a new *Tbilisi* class aircraft carrier (at 65,000 tons comparable to the Navy's *Midway* class carrier) and the continued development of long-range, sea-launched cruise missiles.

"All of which sounds more like 'excessive capability' than 'reasonable sufficiency,'" said the CNO "The insistent realities of Soviet military power will require a sustained em-
See CNO, p.3

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National

Boorda steers upbeat course on personnel issues

By Mike Campbell
Navy Internal Relations Activity

WASHINGTON, D.C. (NES) — Although high first-term attrition rates have long been a problem in the Navy, Chief of Naval Personnel VADM Mike Boorda said reducing the number of first-term losses will continue to be one of his top priorities. Between visits to Capital Hill to testify before various House and Senate military manpower subcommittees, Boorda took time to discuss several issues that vitally concern him. In addition to the attrition challenge, the CNP remains entrenched in an intensive effort to improve recruiting and Navy medicine and, most importantly, to secure adequate pay and compensation for Navy personnel.

First-term attrition rate must be reduced

The Navy, as well as the other services, has traditionally lost about a third of its first-term members before the end of their enlistments. Many factors are involved in the equation: legitimate medical problems, humanitarian discharges, fraudulent enlistments, drug abuse violations, administrative expediencies and more. But Boorda is far from convinced that this perennial trend in attrition rates is inevitable.

"I think it can be changed; it has to be changed," he said. "We need to be more careful about seeing the signs of people getting in trouble — tending to get in trouble — and then providing the tough, no-nonsense kind of leadership that prevents them from getting so bad we have to send them home. The way to do that is to be pro-active and help the person become a success before he or she becomes a failure."

The CNP said that if the first-term attrition rate were to be reduced, the recruiting effort would directly benefit. "Let's say that of the 30,000 that were going to attrite this year, we

"save" 5,000 of them. That's 5,000 fewer recruits the recruiting command has to get. And that's important."

Three-point-six percent pay raise "absolute minimum"

During the past year, low pay was the second most frequently cited reason for sailors leaving the Navy (behind family separation). The disparity between military and civilian pay now stands at 10.1 percent as measured by the Employment Cost Index, and Boorda testified

that any further increase in the gap "is likely to return us to the unhealthy recruiting and retention climate we suffered in the late 1970s, when large 'catch up' pay raises were required to return to parity."

Boorda said he wishes there was a chance for a much larger pay raise, but said the 3.6 percent will match inflation. "I would like to see all of the proposed pay raise earmarked for base pay. We're going to have a fight on our hands. I know that

the CNO, the Secretary and I will do everything we can to win it." He added that he has heard nothing to indicate that the proposed pay raise will not be approved.

Although Boorda's tenure as CNP has been brief (he assumed office on August 9, 1988), he said that improving the quality of life for Navy people and their families is a readiness issue, not a "nice-to-do" thing, and that this approach is producing positive results in the way

business is conducted at the Naval Military Personnel Command.

"The really important thing is that the personnel side of the business is trying to be more personally oriented and business oriented. When I came to this job, we were making a lot of exceptional policies for people who had exceptional cases. I don't have to get into

See BOORDA, p. 10

CNO updates personal excellence program

The Navy's Personal Excellence Program is intended to provide every officer and sailor the opportunity to improve his or her level of education, health and physical readiness and personal values, thereby building a smarter, fitter and more professional force. A parallel goal is to develop partnerships between Navy commands and local communities to help strengthen the education, health/fitness and citizenship of American youth. This summarizes the status of both the internal and external aspects of the Personal Excellence Program.

Education

The Navy spends about \$35 million per year on Continuing Education programs to assist our sailors. These programs include DANTES, PACE, NAVY CAMPUS FUNCTIONAL SKILLS, NAVY CAMPUS NETWORK, SOCNV and the Tuition Assistance Program. Each year over 100,000 Navy people take advantage of these programs and as a result thousands of petty officers, E-4 through E-6, now receive extra promotion points for earning an Associate or Baccalaureate degree after entering the service. Thanks to special legislation, many of our sailors are taking advantage of the opportuni-

ty to enroll in the Montgomery GI Bill during a period of open window enrollment. The financial support, range of programs both ashore and afloat, and the new advancement credit underscore the Navy's strong commitment to educational excellence.

Health and Physical Readiness

Realistic and practical minimum physical readiness standards are in place throughout the Navy and command PRT summary reports show significant improvement. We provide remedial obesity treatment at all Alcohol Rehab Centers, and Navy clubs and food establishments are incorporating "healthy cuisine" menus which feature foods low in calories, fat, salt, and cholesterol. Recreation fitness specialists are available at a number of bases to assist our men and women of all ages in fitness counseling and conditioning. Stress management, nutrition, smoking, back injury prevention, physical readiness and substance abuse are all topics covered now by up-to-date GMT video tapes. Department of Defense's 1988 worldwide survey documents a dramatic decline in drug, alcohol and tobacco use; drug abuse by Navy personnel has

been cut almost in half, to about five percent, and heavy drinkers now constitute seven percent of the Navy population. This is an impressive drop from the figure of 12 percent in 1985. While approximately 40 percent of all Navy personnel still use tobacco products, progress is being made daily in reducing that number. About 20 percent of those people who attempted to quit during the last two years were successful — most without the benefit of formal smoking cessation programs. In short, the Navy is making enormous strides toward a force that is healthy, fit and better prepared to defend America.

Core Values

A recent study confirmed that integrity, professionalism and tradition remain important values to today's Navy men and women. While each individual must personally internalize these core values, the navy as an organization can strengthen commitment by focusing on visible standards in daily performance. To that end, fleet commanders, education and training sponsors, and all commanders and commanding officers are devoting time and resources to reinforce core values and ethical standards throughout the fleet.

External program status

Across America Navy volunteers interact with local communities through the Personal Excellence Partnership Program. These "partnerships" are alliances among individual commands, schools, and other organizations, both public and private. Currently, there are over 400 Navy partnerships nationwide — an increase of 14 percent in the last year — affecting 100,000 youths from pre-school through the 12th grade. The primary resource the Navy brings to a partnership is volunteers — both civilian and military. Additionally, Navy commands are encouraged to join in collaborative agreements with organizations such as other local military commands, government agencies, business labor groups, foundations, colleges and universities, churches, health care agencies, media, and community groups to expand the base of volunteers. Pooling of resources allows the Navy to more comprehensively meet the diverse education, health, fitness, and citizenship needs of youth.

Personal excellence is a proven concept that recognizes the quality of our citizenry is a critical determinant of national will.

Surgeon general gives progress report on medical realignments

WASHINGTON DC. — Changes resulting from the Blue Ribbon Panel on navy medicine, are now closer to implementation. Our people within navy medicine must clearly understand these actions and their implications as they occur. Accordingly, each medical department leader, officer and enlisted, must be and informed, responsible participant in the communication process with our military and civilian teammates. We must pass the word thoroughly and well.

The Blue Ribbon Panel study was tasked to develop recommendations to improve the delivery of navy health care and access to that care. Essential to that improvement, and to the long-term health of navy medicine as a part of the Navy/Marine Corps Team, is direct line involvement in the chain of command for healthcare delivery matters. What this means is that line commanders will be involved in meting the responsibilities for access to healthcare by Navy and Marine

corps beneficiaries. They will be in the command chain for medical facilities just as they are for supply, public works and other large navy support functions. Navy medicine will retain those functions which include clinical practice policy, budgeting and execution and technical control/total quality management. Having direct line participation in the chain of command is a distinct advantage for navy medicine, and one which asserts appropriately the responsibility of the line leadership for medical readiness as part of overall military readiness. This arrangement will ensure that line commanders are more conversant with the range of medical needs and challenges which will confront us for the foreseeable future, and better prepared to work with us in performing our mission.

What most concerns our people is the effect which this change will have on our existing organization and on them. I am sensitive to this human impact and will endeavor as a primary

concern to purposefully minimize these effects. The structure of our hospitals and clinics will not change, except for organizational reporting chains. Geographic commands will undergo changes in status and responsibilities which are now being defined: Field activities as well as supporting commanders will be consulted in this process. In most cases the existing functions will continue to be performed in the same local area. Changes contemplated are to improve and strengthen our capability and our means of

support. They will equip us with an integrated basis from which to serve the Navy and Marine Corps as a full-service, highly capable healthcare organization in the years ahead.

In summary, the changes under consideration in our structure will be designed to minimize disruption to existing function and will be ones which will better serve both navy medicine and there entire Navy and Marine Corps in the future, whether that future holds for us the peace we all protect, or the contingency of conflict for

which we must be prepared. They will bring us into closer alignment with both operating forces and shore establishments, leadership and ensure stronger support for our future peacetime and wartime needs. I urge you to keep well informed about these changes as they occur, and will pass along to you in a timely manner information which will be useful to you toward that end. It is not justified for its own sake, but essential when it is the means by which we find that improved capability which we have long needed and sought.

NORWESTER

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CNO, from cover

"The simple fact is that the Soviet defense industry has not visibly slowed and that their formidable military power continues to operate throughout the world."

phasis on both our national defense and maritime superiority. Naturally, we must listen carefully and hopefully to Soviet arms control proposals, working from a position of strength to ease relations between our countries. We must, however, maintain vigilance and readiness while we negotiate in those areas that seem to hold

promise for increased security. The simple fact is that the Soviet defense industry has not visibly slowed and that their formidable military power continues to operate throughout the world."

In concluding his testimony, Trost again emphasized the importance of people and a balanced naval capability as the keys to maintaining a strong Navy:

"Our people ask for very little. They willingly deploy throughout the world, enduring six-month separations from their families and friends on a routine basis. They do so from a deep sense of commitment and love of country. We must return their commitment and devotion to duty with adequate pay and benefits, providing a

secure financial environment for their families. This is a key element in protecting our national investment in a ready Navy.

"We must likewise provide sufficient funds to maintain a balanced naval capability centered on 15 deployable Carrier Battle Groups, a second critical element in acting as good stewards for our country's investment. . . . If we can work together to provide for our dedicated people, keep our Carrier Battle Groups forward deployed and combat ready today, ensure that we can project forces to meet the unified commanders' requirements, and invest in the future, we will have served well our nation's need for a strong Navy."

Soviet policies, from cover

is meant to improve the Soviet civil economy and industry, but in the long run, it will also improve Soviet defense capability," he said.

Brooks said cuts in the Soviet military will be proportional to the perceived threat. Naval intelligence believes the Soviets are most worried about submarine-launched cruise missiles, anti-satellite programs and other naval assets of the United States and its allies. "It is not surprising that the first unilateral cuts in the Soviet military focused on the ground forces," Brooks said. "It is their strength and our weakness, and the cuts reflect an extreme confidence in the capability of even their

reduced ground forces to execute wartime missions."

Other naval intelligence findings touched on pieces in the puzzle of Soviet intentions and capabilities:

- A major goal of the restructuring will be to increase research and development money to develop technology more quickly and efficiently. This would also improve the production base and could pay military dividends into the next century.

- Gorbachev promised to cut weapons procurement by 19.5 percent and defense spending by 14.2 percent over the next two years. Brooks suggested those cuts would be plac-

ed directly into funding the next Soviet five-year plan (1991-1995).

- Soviet operational tempo will see continued reduction. Brooks said this will allow the Soviets to save operating costs but will also allow them to portray their forces as defensively oriented.

- The Soviet low-earth-orbit anti-satellite system will improve.

- The Soviets will have a goal of demonstrating a space-based laser by the early 1990s.

According to Brooks, the United States must understand what changes in the Soviet Union mean to the defense of the West.

Dedication, from cover

reminisced. "The hospital consisted of several long white barracks that twinkled at night. I was intrigued, so I started investigating and before I knew it, I landed a job as a stenographer/typist with the Patient Affairs Department.

"I love my job — I really enjoyed every single day I worked here since Day 1. I like working with patients and helping them. I've always stayed with Patient Affairs, although I was offered jobs from other departments."

Winsby's genuine love for people coupled with her personal philosophy made her job pleasurable and rewarding. In fact, she treasures a voluminous stack of letters from appreciative patients grateful for her "motherly" love and tremendous help. Her achievement awards and letters of appreciation for a job well done from the hospital and other Navy commands could paper her bedroom from wall to wall.

"Life is love," Winsby said. "You spread love and it will come back to you. It came back to me in so many ways."

What separates Winsby from her contemporaries is how she spreads love or, simply stated, how she takes care of patients admitted to the hospital. It's not an unusual sight to see her working long hours even on weekends, or going out of her way to insure that patients needs are met. She always makes sure everything runs smoothly from the time a patient checks in un-

til he or she is ready to go home. Proof of her dedication was manifested during this interview when Winsby had to excuse herself a few times to take care of a patient. He claimed to have driven 400 miles but no one seemed to know how to handle his problem — except Winsby, of course.

From a stenographer/typist, Winsby rose to her current position of administrative officer in the Patient Affairs Department — a position she still holds and which everyone agrees is tailor-made for her. Winsby is the over-all supervisor for the 65 civilians assigned to a myriad of patient-oriented services that range from Decedent Affairs to Medical Evacuation (MEDVAC). According to her, the greatest challenge is being able to manage people, keep them happy and keep the work flowing.

And how does she make people happy?

"I love them, they love me," Winsby said. "I respect them, they respect me. I help them, they help me. I go out of my way to help them and they do the same for me. I'll go out of my way no matter what."

"Sometimes I'm too tired to go to work, but when I come in and flip the lights on and see people around me, that gets me excited and things begin to happen."

"I will miss all the people at the hospital," she said, emotionally. "I have strong feelings for them. I will miss the whole

hospital environment. The hospital has been a big part of my life for the last 40 years."

"I will miss all the people at the hospital," she said, emotionally. I have strong feelings for them. I will miss the whole hospital environment. The hospital has been a big part of my life for the last 40 years."

Winsby attempted to retire several times before but, although she's skeptical about what the outside world holds for her, this time she says she's dead serious about leaving.

"It's kind of scary to explore another horizon," she said. "It's going to be another pioneering experience for me — a whole new world opening to me. I am looking forward to it because I believe you create your own enjoyment by what you make of your world."

Winsby plans to spend her retirement years in Seattle with her daughter and grandchildren, in addition to doing the thing she knows how to do best: continue helping the Navy family through Navy League membership.

News Briefs

Revised defense budget

WASHINGTON (NNS) — Saving personnel programs and cutting equipment, Secretary of Defense Dick Cheney and Admiral William J. Crowe, Jr., chairman joint chiefs of staff, presented the revised Bush Administration's recommended defense budget to congress April 25.

The secretary of the navy and chief of naval operations have made navy people the top budget priority, military pay raises of 3.6 percent effective Jan. 1, 1990 and 3.2 percent effective Jan. 1, 1991 were recommended. The Chief of Naval Personnel, Vice Admiral Jeremy M. Boorda, said the proposed budget would make 1990 as stable and predictable as 1989 for navy people.

"There will be no need for an early out program, we will have the funds required to move and promote people on time, our bonus and incentive programs will respond to fleet requirements, and other key quality of life programs will be sustained," Boorda said.

"Reductions to personnel end strength of 1200 from fiscal year 89 to fiscal year 90 are based on the decrease in sea duty billets as a result of ship's being decommissioned. Unit readiness and sea/shore rotation levels will be maintained, with planned reductions achieved largely through reduced accessions," Boorda said.

The revised Department of Defense budget proposed for fiscal year 1990 is \$295.6 billion, a \$10 billion cut in budget authority (\$289.8 billion in outlays). New figures for fiscal year 1991 are \$311.0 billion, cut of \$9.9 billion in budget authority (\$297.9 billion in outlays).

Revised navy budget highlights are as follows:

- Navy flying hours for tactical air remain at fiscal year 1989 level of 87 percent. Similarly, ship steaming days for deployed and nondeployed remain at 50.5 and 29 days per quarter, respectively.

- Retire USS Coral Sea (CV-43) in fiscal year 1990 when Abraham Lincoln (CVN-72) enters active fleet service, maintaining deployable aircraft carriers at 14.

- Transfer 10 Knox-class frigates to the Naval Reserve Force (NRF) with four transferred in fiscal year 1990 and six more in fiscal year 1991.

- Accelerate retirement of Charles F. Adams-class (DDG-2) and Farragut-class (DDG-37) destroyers; 11 in fiscal year 1990 and 11 in fiscal year 1991.

- Deactivate 73 Orion Maritime Patrol Aircraft (P-3 A/B).

- Naval reserve manpower strength will be increased by 1200 by fiscal year 1991 to man 10 Knox-class NRF frigates.

- Marine Corps V-22 "Osprey" aircraft procurement cancelled. (12 aircraft in fiscal year 1990 and 24 in fiscal year 1991 had originally been planned).

- Delete two of three new construction Coastal Minehunters (MHC) in fiscal year 1990.

- Delete one of two new construction of a Los Angeles-class (SSN-688) submarine in fiscal year 1990.

- Add one, new construction of a Wasp-class (LHD) ship in fiscal year 1991.

- Navy F-14S new production program cancelled, but F-14D remanufacture program retained for six in fiscal year 1990 and twelve in fiscal year 1991.

- Six navy FA-18 aircraft were deferred in both fiscal year 1990 to allow time for correction of deficiencies discovered in testing.

- Procurement of 24 Goshawk T-45TS training aircraft deferred from fiscal year 1990 to provide time to correct deficiencies discovered in testing.

Under the revised fiscal year 1990/91 budget plan there will be 563 deployable battle force ships by the end of fiscal year 1991 with 17 new construction ships and three conversions in 1990, and 15 new construction ships in 1991.

New ship enters fleet service

NEW ORLEANS (NNS) — The Navy's newest ship entered the amphibious fleet when USS Gunston Hall (LSD-44) was commissioned April 23.

The 609-foot ship was brought to life by the traditional Bells and Whistles in a ceremony attended by Secretary of the Navy William L. Ball III. Ball asked the crowd of 1000 for a moment of silence to remember the sailors lost in USS Iowa (BB-61) April 19.

Household goods weight allowance increases

WASHINGTON (NNS) — As of July 1, 1989 sailors will be able to ship more household goods in a permanent change of station move.

This change affects people with effective PCS order dates after Jun. 30, 1989. Sailors qualify if:

(1) Jun. 30, 1989 is the date you report to your ultimate duty station, or it is your last full day of active duty for retirement or separation and not your retirement/separation date.

And,

(2) part of your households goods will be delivered after June 30, 1989.

For more information on weight allowances contact your local Personnel Support Detachment or Housing office.

'A very special place' says Oak Knoll CO

By Captain C.G. Strom, MC, USN

Commanding Officer
Naval Hospital, Oakland

Oak Knoll "A Special Place?" Why is it so and why should someone ever think it so? Well, a lot of people do. In the front office, we receive 5-10 letters per week from former patients and/or family members who think and feel that way about the hospital and you, the staff. Some are very articulate in voicing their appreciation about the care and the courtesy afforded them while here. Also, I wander about a lot. When things get tough in the front office, I put on my white coat and chat with our patients. Most of them don't know who I am. Some even mistake me for the Chaplain (no offense, Captain Matthias). All of them, however, are spontaneous in their praise of their nurses, corpsmen and doctors and of the others they see including the housekeepers and admission folks. I receive many comments about the friendliness and helpfulness of people who work here.

No one wants to come into

the hospital to be poked, prodded and stuck. Most (except new mothers) are fearful of the place and angered about being sick. It is your attitudes and caring that allay those fears and angers. Caring is the key and you are doing it. With all the pressures you are under, you do it and I am very proud of you.

There are many complex decisions being made in Navy Medicine today. The value of Navy Medicine is recognized by everyone including the line Navy and every effort is being made to help us deliver the care that our beneficiaries deserve. Our Surgeon General, Vice Admiral Zimble, along with others in Washington are on the front line working for support every day. As a result, there is a determination for betterment that hasn't been seen for a long time. We have lots of difficulties to be sure. They can't all be fixed at once; they are complex as well. But they are being worked on step by step. The quality of Navy Medicine delivery and graduate medical education is unsurpassed. This is proven by the intense

scrutiny we have received from peer analysis groups, DOD panels, Senate investigative committees, etc. Accordingly, as a result, we are being looked at as models for future health care delivery systems. It's a tough time to be in Navy Medicine but it is also a very exciting time, so hang in there.

Folks here are working hard to come up with innovative plans for the nursing shortage and other personnel shortages. The Fiscal and Supply Departments use all the "creative book-keeping ideas" they can muster to keep us solvent and supplied. As a result, all of you at Oak Knoll are held in high regard and esteem by the people who enter these doors. ALL OF YOU CAN TAKE PRIDE IN YOUR WORK AND SHOULD BE PROUD OF YOURSELVES AS WELL. THAT IS WHAT REALLY COUNTS.

Command Spotlight:

PSNS Branch Medical Clinic has served the Puget Sound Naval Shipyard since 1896 and currently provides medical care to over 13,000 employees. Mid December 1988, Lt. Jose C. Beltrano checked in as the new Officer-in-Charge relieving Lt. David R. Davis.

The mission of the clinic is to provide medical support and counseling to PSNS and to the ships stationed within the shipyard. The Branch Medical Clinic has four major departments: Primary Care/Emergency Services, Medical Surveillance, Ancillary Services and Administrative Services. All departments have military and civilian staff, combining to provide the best possible care to employees. The care can range from dispensing of safety glasses, to emergency care for occupational injuries, to treatment of civilian guests at a command function.

Currently, the Branch Medical Clinic has a staff of 51; 32 civilians and 19 military. Primary Care/Emergency Services takes care of the daily medical needs of the shipyard. EMT-A corpsmen who staff the ambulances have completed special training, and are required to have continued training on a weekly basis. Medical Surveillance is responsible for performing about 14,000 physicals annually and performing other special examinations. Ancillary Services include such departments as laboratory, X-ray, audiometry, spirometry, EKG and similar areas. Administrative Department directs all policies and administrative matters for the clinic.

PSNS Branch Clinic - providing support to the Navy medical team.

Federal Corner

The Civilian Personnel Department staff have received numerous inquiries concerning a provision in President Bush's FY 90 budget proposal that would eliminate the Alternative Form of Annuity (AFA) lump-sum payments. The House of Representatives and the Senate must agree to eliminate the AFA.

The House and the Senate had until 15 April 1989 to pass a compromise budget resolution. On 14 April 1989 the President and the Congress announced that a bipartisan budget agreement had been reached. The bipartisan budget agreement DOES NOT ELIMINATE THE AFA. It extends the current 60-40 split of the lump-sum payments through FY 90. However, the timetable for completion of reconciliation legislation is 15 June 1989. We do not know what the Congress's final decision will be on the AFA, but we will keep you informed. It appears that the 60-40 split will continue.

Chaplain's Corner

By LCDR Richard Boswell, CHC, USNR-R
Naval Hospital, Oakland

Single parent families are more prevalent today than at any time in the past. They seem to be one of the signs of our time—commonplace in our society. Yet, under normal circumstances, few would choose the hardships and loneliness associated with trying to raise a family by oneself.

By definition, single parenting is one parent managing the affairs of a family without the help of a partner. People become single parents in various ways. These include: the death of a spouse, the extended absence of a spouse (for any reason), divorce, and the choice not to marry or stay single while raising children. Statistically speaking, by the time of graduation from high school, fully half of all children will have lived for at least some period of time in a single-parent household. The number of children in the United States living in single parent homes has risen 60 percent in the last decade.

In view of this, I would direct the following observations to the younger segment of our Navy population who are just now beginning to make life planning decisions of the greatest importance.

Raising a family by oneself is a big job and may mean twice as much responsibility, twice as many demands on your time and energy, and half the earning power. Although single parenting is casually spoken of, and has become an acceptable life style, it is still a very difficult road to walk for both the parent and the children. The age-old story of the town which was concerned about the frequent deaths of its citizens falling from a look-out point may apply here. It seems the town became endlessly embroiled in a debate as to whether to put a fence around the top of the hill or to put an ambulance at the bottom to pick up the pieces.

Solutions are easily talked about but often difficult to achieve. Prevention is the most logical starting point. The selection of a marriage partner is the most important decision most of us will make in our lifetime. This decision must be evaluated most carefully, entered into more seriously and be based upon long term goals, upon maturity and honest caring. Casual sex should be avoided like the plague (it may bring one). Promiscuity is damaging to one's spiritual, emotional and physical self.

Within the bonds of a lawful marriage, the loving relationship can exalt two people, while outside of marriage it becomes destructive. Marriage is ordained of God. He knew that raising a family was a big enough job for two. Life is good, so let's make the most of it.

What's the answer?

Question. Is there a mandatory retirement age for civil service employees?

Answer. No, not for most employees. A few employees occupying vigorous positions such as fire fighters and policemen are covered by a special provision that requires retirement at a certain age. The rest of the work force can continue in their positions as long as they are physically and mentally able.

We want your questions! We'll provide you the answers!!

If you have questions in areas such as policies, procedures, benefits, or just want information regarding Federal Employee rights, here's an avenue to follow. Just complete the form and send it in — attention Sydney Santos/What's the Answer, Civilian Personnel Office, Naval Hospital, Oakland, Calif. 94627-5000. Mrs. Santos will provide the answer by individually contacting you or through the NORWESTER. (Editor's Note: The NORWESTER reserves the right to edit comments for journalistic style. All contributions become the property of the newspaper. "What's the Answer?" submissions will be selected at random for publication based on their timeliness of topics and geographic focus.)

Question (PLEASE PRINT CLEARLY):

Name/Title:

Work Center:

Street Address:

Command:

City:

St:

Zip:

Regional Calendar

Volunteers needed — Be part of a worthy cause designed to cheer and assist elderly folks to get on with the humdrum of everyday living. Old age can be a lonely and frustrating experience especially for many senior citizens living on their own. Many are at the poverty income level and in poor health. Some can't even take a short walk to shop for their basic needs, while a handful can't even fix a minor plumbing problem. It can be a constant battle to live a decent life. You can

non-profit organization serving the needs of the elderly in Oakland and Alameda. Volunteers from the military sector are always in great demand, and your time and service are welcome any day of the week. For further details, call Pat Lewis at (415) 273-3284.

May 19th — The Oak Knoll Naval Guild is sponsoring an Art Auction at the Naval Hospital Oakland Officers' Club at 5 p.m. make a difference through the Senior Outreach Program, a

For more information, contact Linda Rieger at (415) 889-0427.

May 25th — The Naval Hospital Oakland is sponsoring its third annual Health Fair. The purpose of this fair is to provide health screenings and fitness information to help you live a health lifestyle. Active duty members, their families, and military retirees are welcome. The fair will be held from 10 a.m. to 2 p.m. in the lobby of the hospital. Join us for a day and forge toward your future of good health!

NWREG's command picnic: An afternoon of fun in the sun

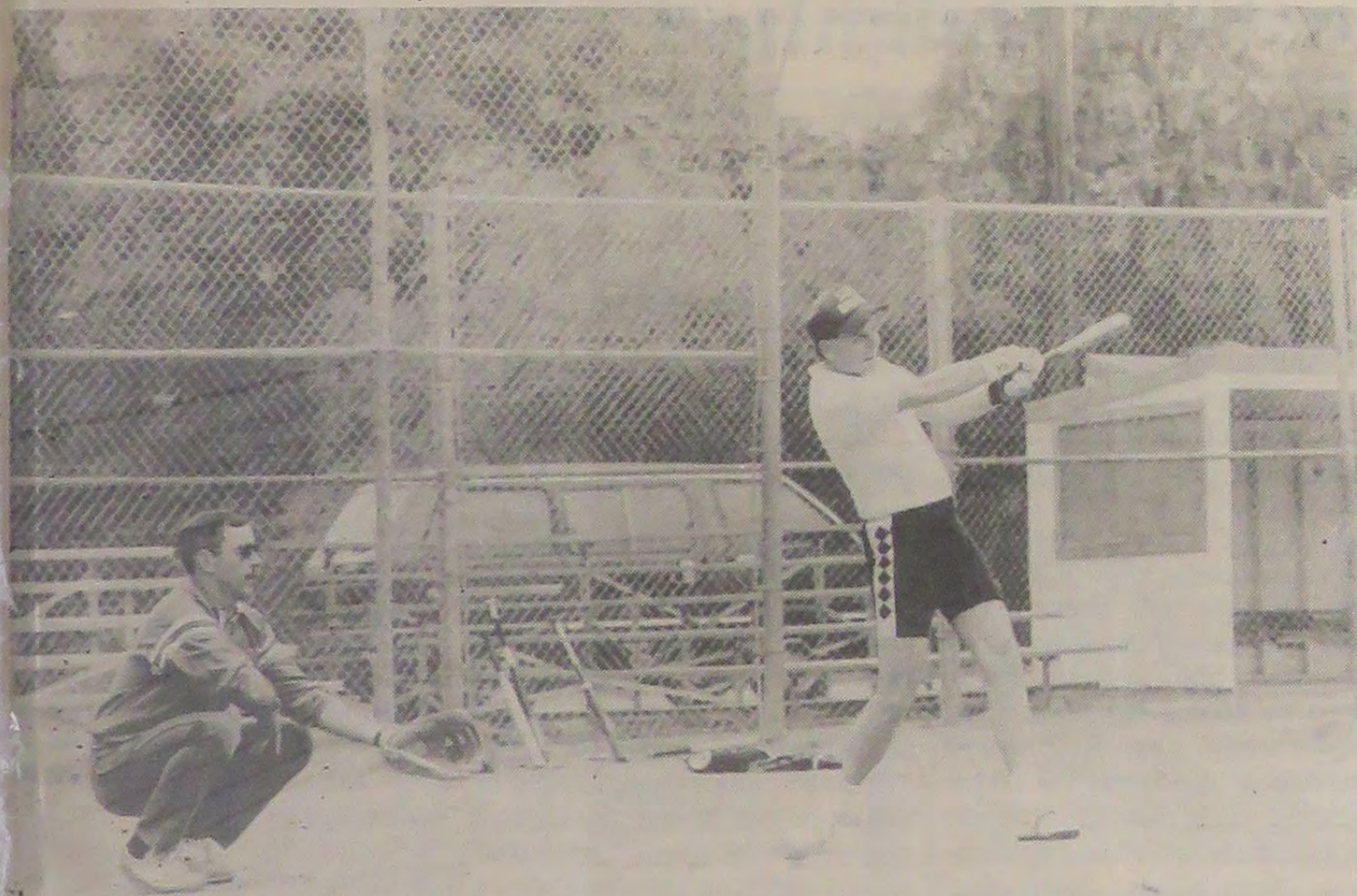
photos by S.N.M. Herrington, NORWESTER staff

Naval Medical Command Northwest Region recently held its annual command picnic. It was a day filled with softball and volleyball, time to take off military uniforms and have some fun in the sun with fellow shipmates, and a time to make new friends.

From barbequed chicken to cheesecake, the picnic's menu was extensive with the Chiefs of the command at the helm of the BBQ pit. Though the sky was a bit hazy, the clear smiles of those attending made the picnic a huge success.



Chief Petty Officer Renato D. Bernardino (left), a mess specialist assigned as the Northwest Region's Career Counselor, looks on as Petty Officer 2nd Class Steve M. Hunter, a hospital corpsman assigned to the region's Resource Management Department, takes command of the barbeque pit during the recent regional command picnic.



Master Chief Petty Officer Michael L. Stewart (left), the Region's command master chief, and Petty Officer 3rd Class Gary W. Smith, a yeoman assigned to the Legal Office, enjoy an interdepartmental softball game during the picnic.



Hospitalman James Milliken (left), assigned to Naval Hospital, Oakland's Radiology Department, and Seaman Jennifer King (right), Office of Medical Affairs, relax during the picnic.



Rear Admiral David M. Lichtman, Commander, Naval Medical Command, Northwest Region/Commander, San Francisco Medical Command, warms up before joining the Region's annual command picnics softball game.

Letters in

Adopt-a-School partnership: a very successful year

Dear Admiral Lichtman:

As the school year draws to a close, I again want to express my deep thanks and appreciation for your efforts in behalf of our science students at Skyline High School.

The integration into our science curriculum of Oak Knoll Naval Hospital resources and personnel has proven to be most successful. I can assure you that both staff and students look forward to the Wednesday morning visits to Oak Knoll Hospital where they see first hand the concepts of the classroom being put to practice.

Additionally, the after school lecture series has brought a new

dimension to the students' education. The presentations made by your staff explore points of science that they would normally not be exposed to. The attendance at these voluntary lecture sessions has generated an intense student interest in the subject matter. This interest is directly related to the quality of your staff's presentation.

Personally, I want to thank you for having the vision to realize the potential of the partnership between Oak Knoll Naval Hospital and Skyline High School's Science Department. At the close of the first year of this partnership, I can only say that the impact has been dramatic and extremely effective.

I hope that we can continue to work together with the hospital in the future.

Sincerely,
James M. Welsh
Principal
Skyline High School
April 17, 1989

Bravo Zulu NWREG!

Dear Admiral Lichtman:

A short note to express my gratitude to you and your fine staff for the superb support and reception that I received throughout your outstanding medical region.

You have a right to be proud.

Bravo Zulu.

Warm regards,
D.E. SHULER
Rear Admiral,
Medical Service Corps
United States Navy
April 20, 1989

Chief Petty Officer E. Simon,
USN
Ambulatory Care Nursing
Department
Naval Hospital, Oakland, CA
94627-5000

Dear Chief Simon:

I am alive and well, in the Bay Area and working as a nurse. One of the stupidest things I ever did was to leave the Navy and I'm paying for that mistake now. Life is somewhat different as a civilian. One must always be reminding himself of his own value as there are no chevrons or anchors to act as reminder. It seems very lonely out here without the fraternity that *is* the Navy. I miss it very much.

But that is not the principle reason for this note. I am writing to ask you and Chief Schenker to encourage your young recruits to accumulate at least one year of basic ward duty if they have not chosen an advanced "C" school. It's true that clinic duty is easier and nicer than ward duty, and *that is fine* if the young corpsman plans to make the Navy into a career. However, most of us do decide to leave the Navy after our contract has expired. For those of us

who signed up seeking vocational training, it is there: In the State of California, a Navy Corpsman can easily become a Licensed Vocational Nurse if he or she has had twelve months of ward training. Without twelve or more months of ward training he or she is ineligible.

Of course, a Navy corpsman can still become a certified nurse's assistant without any extended ward experience, but the pay differential is approximately 40 to 50 percent higher for the Licensed Vocational Nurse. As an LVN one also has the option of returning to school to become a Registered Nurse in half the time that it would take a non-LVN and costing half the money. Although my ambitions lie elsewhere (and I'm not really sure where) I must say that I am making a comfortable living in the mean time as a Licensed Vocational Nurse. Courtesy of the U.S. Navy, and as they promised, I have become a person with a marketable skill.

I am still searching for my niche and in doing so, I have enrolled at Chabot College. All those years in the Navy, though fruitful, have dulled some of my note book learning. Its time to catch up. Please give my regards to all.

Very truly yours,
Douglas G. Forbes

Happy Mother's Day Dedicated to my mother

When I was a child, I looked at my mother in awe — I thought she was invincible. She could do no wrong. My mother always seemed to make things all better. She kissed my pain away when I hurt. She patiently held me through the night when I feared the dark.

And when I spent hours 'helping' her she would just smile and laugh when she would find me at two, fully clothed in my Sunday best, in the bathtub, praising me for being such a grown-up little girl. I look back and remember wanting nothing, for my mother gave me all of her love, time and heart. She was my greatest fan — and, I remember well what a good feeling it was seeing her cheer me on in the bleachers during a softball game or a swim meet. My mother was always there for me in good times and bad. As I grew, she observed me in her loving way. Being a teenager, of course, I thought she just didn't understand me at all.

A trying time it was for her — but, she stuck by my side. She quietly molded me, instilling good morals and love for God. And, as my curiosity about boys was obvious, she protectively watched over my shoulder.

I was her baby girl: she wasn't quite ready for me to grow up. Still, my mother was there with a strong shoulder. She would listen without judgment, carefully choosing her words as I sought answers to my questions about love, life and death. As I look back at my teenage years, I realize this was a most difficult time for my mother. She was tasked with affording enough room for me to grow and experience life's ups and downs, yet she had to constantly monitor this growth to ensure the sense of right and wrong.

My mother should be commended for her resilience and dedication she so freely provided during this most trying time. She was much more than a mother. She was my teacher, mentor, religious advisor, confidant, friend, and at times, even my foe. Looking back, she really did understand. I was the one who didn't.

As an adult, my mother has become my dearest of friends. Of course, this path we chose was not an easy one. It was one that released many tears and hurt to obtain.

I can only say that my new found friend is someone I truly respect as a person and I admire her tremendously for her constant input into the person I am today. And, when I think about what she contributed I am so thankful. I mean, I really am her reflection.

I see myself in so many things she represents, in so many things she is — this makes me feel great inside.

My mother is truly a remarkable woman.

I see these things as an adult. I only wish I could have somehow captured the essence of her earlier in my life.

I wish all children would realize that their mothers have emotions and traumas just as we do. That their feelings are real. That mothers cry too.

I know my mother is not invincible. She is a woman who selflessly juggled her emotions throughout her life to ensure stability for her family.

If I had but one word to describe my mother, I think it would have to be love.

For the word love has and is the foundation of everything she has provided in my life.

It's my mother's time now.

I want to somehow return to her what she has given to me my entire life.

I want to give to her all that I have.

I want to be there with a strong should when she is down.

To be able to listen when she needs a friend.

I want to understand her when she is confused.

I want to fill her heart with love when she feels empty.

I want to be her best friend.

I am my mother's baby daughter. I am her reflection.

It's my turn to give. And, if I could, I would give her the clouds in the sky so she could dance in the stardust forever. . .

My mother, my friend.

A woman that means the world to me — she defines love by her

Club Med presents Fashion Unlimited

Fashions

NAVAL MEDICAL COMMAND, Northwest Region — A high fashion modeling event at Naval Hospital, Oakland's Officers' Club? Yes, and what a show it is expected to be . . .

The lights will dim as the models place themselves for the first scene, "a day at the beach". The spotlight silhouettes the activities behind the stage partition. The screen is removed to reveal just that: a day at the beach, equipped with sunbathing and volleyball. The models will then make their way down the runway in the latest high-fashion sponsored by Merry Go Round Incorporated. The Baltimore, Md.-based company will be showing such national designers as Cavaricci, Young Edwardian, Area Code, Inprivate, IOU, Gap, Yes, Flamingo and Francise Brouner. Hot Body, Climax, My boy-friend and Sterling Silver will also be exhibited.

Along with the top fashion sponsored by Merry Go Round Inc. under the coordination of Mitch Taylor, Southland Mall store manager, all the model's hairstyling and makeup will be handled through the talented members of the Zazueta Hair Company in Castro Valley.

The second scene will take you through the "physical fitness zone", with aerobics gear and gym wear, while the third theme will turn the stage into a "business conference" with the most sophisticated business wear presented. The fourth scene includes the most extravagant of formal wear for "a night at the theater".

Before the finale, scene five, a special treat will be afforded to the audience during a brief

intermission: Duvalle Parker, the master of ceremonies of the fashion show, will entertain you with a private showing from his San Francisco-based leather and exotic skins store, Moda'Tech, using his own models. With 15 years in the designing business, Duvalle's show is sure to be a winner.

The show's finale will join all the models in a dancing spectacular presenting the most contemporary and popular looks as seen in the top fashion magazines. The theme for the last scene "hot nights" will be just that as the models dance to the sounds of Matthew Rizzetta of D.J.'s to Perfection.

The \$5 cover charge taken at the door will be used to defray this year's Hospital Corps Ball to be held June 16 at the Hyatt Regency in Oakland. Couples may purchase two tickets for \$7 — this amount being requested is a minimum donation. Individuals wishing to contribute more are encouraged to do so — the members of this year's ball want to make it the best ever. To do this, funds are necessary — the more the better!

A special thanks is extended to Merry Go Round's Mitch Taylor and his staff for their coordination and participation in this event. All their time and fashions were donated on a voluntary basis. Taylor urges everyone to drop by his store, Southland Mall, pointing out that others are located in San Jose, Hayward, Concord, Stockton, Salinas and Sacramento. What's more, a 15 percent discount is available to all active duty military. Merry Go Round store hours are 10 a.m. to 9 p.m., Monday to Saturday and 11 a.m. to 6 p.m.

on Sundays. Alterations are available on appointment basis.

Hair artists Victor Osnaya (coordinator for the shop's involvement), Cruz Wheeler, Teri Kearney, Donna Di Bonaventura, and shop owner Dan Zazueta bring with them countless years of total hair care expertise. Maintaining extensive training in all phases of the hair/makeup industry, this group is abreast of all the current hair care specialties.

Osnaya and Cruz who have worked on many fashion shows such as this exhibit the highest skills, taking the models from simple hair cutting to corrective color. They, as well as all the artists, have been educated by such renowned institutions as Jingles International and Frank Ringi. In fact, Osnaya has provided his expertise to members of the KPIX Channel 5 team.

All the makeup and hairstyles represented in the May 25 fashion show will be handled by the members of the Zazueta Hair Company located at 20679 Parkway in Castro Valley. Appointments for the latest looks in hair, permanents, coloring, highlights etc. can be arranged by calling (415) 538-5566. All the time devoted to the show by this dedicated group was also done on a voluntary basis — thanks goes out to each of them.

The fashion show, beginning at 7 p.m., May 25th, will be held at the Naval Hospital, Oakland Officers' Club. Tickets will be available at the door. And, please remember the cause . . . the 1989 Hospital Corps Birthday Ball. The evening will be a fashion experience not to be missed!



Cycle to fitness

(Editor's note: May 1989 is National Physical Fitness and Sports Month. In support of National and Navy Personal Excellence, Health Promotion and Physical Fitness programs, all commands are encouraged to sponsor or participate in an annual health fair during the month of May. In concert with the Navy's upcoming Navy-wide health promotion campaign, "Forge the Future, Fit Today for Tomorrow's Challenges" has been designed as the official Navy Health Fair slogan.)

By Tom Joyce
American Forces Information Service

People can perform any number of aerobic activities to lose weight and increase fitness. Running and jogging are popular, as are swimming and aerobic exercise. And walking is fast becoming the sport of choice among more and more of the world's health-conscious people.

According to Dr. Jack McKenzie, bicycling is also a good aerobic exercise because it can eliminate, or at least reduce, orthopedic injuries. McKenzie is a physiologist with the Department of Military Medicine at the Uniformed Services University of the Health Sciences, the nation's only military medical school.

"When people run, their feet pound against the running surface and there is a lot of stress on the body, especially on the

knees and ankles. That's not a problem with bicycling," McKenzie said.

Anyone thinking about taking up bicycling to get into shape should remember that the most important piece of equipment a cyclist owns is the helmet, not the bicycle. A recent Consumer Product Safety Commission study revealed that 75 percent of all bicycle fatalities are due to brain injuries. Also, the study found that helmet use could have prevented most of those. There are about 1,000 bicycle fatalities each year.

The characteristics of a good helmet include:

- A stiff outer shell to distribute impact
- Energy-absorbing liner
- Chin-strap and fastener
- Acceptance by the Snell Memorial Foundation or the American National Standards Institute, two organizations that test bicycle helmets.

Once the head is well-protected, the cyclist needs to be sure the bicycle "fits." Bicycles are more sophisticated today than they were 10 years ago. But basically they fall into three categories.

The first is the multispeed, multigear recreational/touring bike. For years, it has been referred to as the "10-speed." However, today most of these bikes have from 12 to 18 gears. Jim Fremont of the Bicycle Institute of America said this is the type of bike the average person buys to explore the bike trails in the neighborhood. He said a

touring bike looks similar to a racing bike, but the differences can be dramatic for the uninitiated.

"A racing bike is much lighter and stiffer," he said. "A pure racing bike has a shorter wheelbase and will not absorb the road shock as well as a touring bike. The body will absorb the shock."

The third type of bicycle available is the all-terrain bike. Originally developed for off-road use, Fremont said 80 percent of those sold today are used on city streets. "The wide tires tend to handle the streets better," he said, noting that the couriers who zip through city streets favor the all-terrain bikes because they handle urban debris better. However, these bikes should not be used for riding distances in excess of 10 miles. "They can be ridden further," said Fremont, "but it will be a more difficult ride."

Although bicycles today are much more sophisticated, the rule of thumb for fit remains the same: straddle the bike with both feet flat on the ground. There should be an additional one-to two-inch clearance between the groin and the top tube. The exception is the all-terrain bike. There should be an additional one-to two-inch clearance in case it is being ridden off-road and the rider needs to get off the bicycle in a hurry. "There should be enough clearance so a person won't hurt himself," said Fremont.

Most bicycles have 27-inch wheels, but frame sizes differ. If the frame is too small, it will be uncomfortable; too large, and the bicycle will be hard to handle.

Cyclists may also wish to purchase special clothing, tire pumps, gloves and drinking containers.

Being road-ready also means being safe on the road. Bicycling rules haven't changed from those that parents have handed down since bicycles were invented: be courteous, and follow the common-sense rules of the road.

Aerobic exercise can strengthen health

SUBMITTED IN THE PUBLIC INTEREST BY THE HEALTH CARE PROFESSIONALS OF NAVAL HOSPITAL OAK HARBOR.

Developing your personal aerobics plan

OAK HARBOR, Wash. — You're convinced — aerobic exercise can strengthen your heart, improve your body's use of oxygen and contribute to your overall health. So, where do you begin? First, find your target heart range (THR). Then, select aerobic activities that fit your physical condition, personal interests and environment. Finally, make a commitment to exercise aerobically for 20-30 minutes a minimum of three times a week.

Finding your target heart rate

Your THR is the safest range of heartbeats per minute during exercise. To find your approximate THR, subtract your age from 220 and multiply the answer by 60 percent and by 80 percent. Aim for the low range when you first begin, gradually working up to the higher range. Count your heartbeats by taking your wrist or neck pulse for 15 seconds and multiplying the count by 4. If you have an existing medical condition or family history of heart disease, your healthcare professional can determine your best THR.

Choosing the right aerobics

With so many activities to choose from, you may not know which aerobics are best for you. In most cases, the best activities are those that you will enjoy and will keep up with. They are also the ones that are appropriate for your age and physical condition.

Scheduling time for aerobics

In order to be effective, aerobics should be done for at least 20-30 minutes a minimum of 3 times a week. In less time than the average TV "sitcom" you can actively enjoy yourself while you improve your health. You can also find ways to fit aerobics into your busy schedule — walk during lunch, bicycle to work, invite a friend to a game of handball rather than out for drinks. It's a question of priorities. When you set fitness and health as a personal priority, you'll find time for fitness.

Reaping the rewards

Once you've made the commitment to a regular aerobic exercise program, you'll know that you're doing one of the nicest things possible for yourself — you're strengthening your heart, keeping your body in shape, and improving your quality of life. You'll have more stamina, a brighter outlook, and a sense of commitment and control over life that will enable you to handle life's daily challenges.

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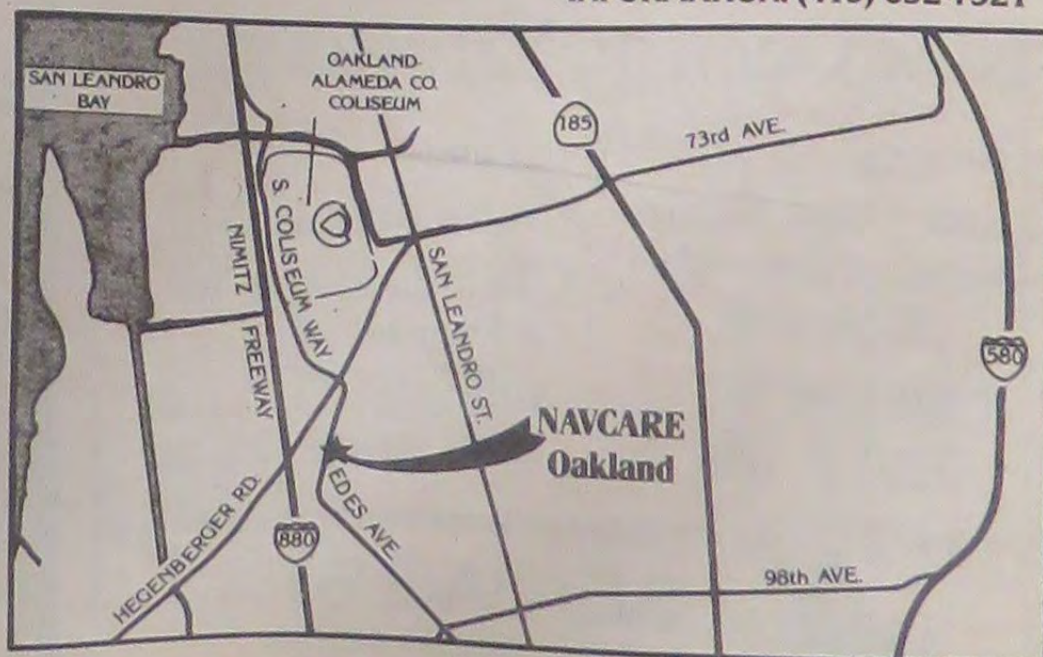
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Composite bonding: new materials and techniques for healthy smile

By Lt. David R. Lloyd,
DC USNR
Naval Hospital, Oakland

NAVAL HOSPITAL, Oakland — Your smile is one of the most important communication tools you have. Keeping your teeth healthy as well as looking good is now a lot easier. Tooth colored filling materials have been around for years but recent developments have made them stronger, longer lasting and better looking. These filling materials are called composite resins and can be used for many different purposes such as restoring decayed teeth, replacing prominently visible or unsightly silver fillings, covering over stained tooth surfaces and filling in spaces between teeth.

Composite resin filling material is a plastic resin mixed with a fine quartz powder to form a thick paste the consisten-

cy of frozen cake icing. The quartz gives the material its strength and the resin binds it all together. Additives are included which give the composite a specific shade. The composite can be molded and spread into almost any shape or contour needed. The composite paste is cured or hardened using a light activated process. This is accomplished using a fiber-optic device which focuses a high intensity blue light on the material. The blue wavelength of light starts a polymerizing reaction causing it to harden.

Most composite fillings are used in front teeth or other visible areas of the mouth. After the tooth is anesthetized, the decayed portion of the tooth or the old filling is removed. The area where the filling will go is then treated with an acid solution which dissolves a thin layer of the tooth surface. Next, a thin

layer of bonding liquid is placed on the prepared surface and cured using the fiber-optic device forming a tightly adherent bond. The composite filling material is then placed and cured using the light unit. Final shaping and polishing leaves a surface that perfectly matches the rest of the tooth.

The strong bond produced by the acid etch process allows composites to be used in many diverse situations. Composite resins can be bonded to a chipped or broken tooth and shaped and polished to restore its natural function and beauty. Spaces between front teeth can also be filled in by adding a small amount of composite to the teeth on either side of the space. Stains that cannot be cleaned from the tooth surface or irregularities in the enamel surface can be masked by composites. This is known as a composite veneer. In some cases composites can be used as a substitute for amalgam (silver) fillings in posterior teeth.

The versatility and esthetics of composite resins do not come without some trade-offs, though. The major drawback of composites is their lack of strength and wear resistance. This is the main reason they are infrequently used in posterior teeth. Newer materials, however, show promise for use in these areas. Composites also tend to pick up stains over time, especially if you smoke cigarettes or drink a lot of coffee or tea. Polishing by a dentist in conjunction with regular tooth cleaning appointments can restore the original color and luster to your composite restorations but they will eventually require replacement. The average life span of a composite is 7-10 years.

Recent advances in dental materials technology and refined techniques have provided us with an attractive solution to the problems of restoring anterior teeth. Composite bonding is a well established standard of dental care. Although some limitations in its use still exist, continued improvement in this field of Dentistry promise to make composite bonding an increasingly useful means of giving you a healthy and happy smile.

Sports

1989 Central Pacific Sports Conference Sports and Recreation Schedule

Event	Date/Time	Type/Location
Coed Slow Pitch	June 9-11 Championships	Softball TBA NAS Alameda
Tennis	June 12-16	Men's Open
Championships	9:00 a.m.	NAVHOSP Oakland
Tennis	June 13-16 9:00 a.m.	Men's Jr. Vet., Senior &
Women's Championships		
NAVHOSP Oakland		
Slow Pitch	June 23-25	
Women's Championships		
Softball	TBA	NSGA Skaggs Island

Naval Hospital Oakland Men's Varsity Softball Schedule 1989

DAY	DATE	OPPONENT	LOCATION	TIME
RAIN	TBA	MARE ISLAND	HOME	PPD
THUR	APR 27	TREASURE ISLAND	AWAY	1830
SAT	APR 29	NAVSECC-RU MONTEREY	HOME	1200 (DH)
TUES	MAY 02	NWS CONCORD	HOME	1700
THUR	MAY 04	NAS ALAMEDA	AWAY	1700
TUES	MAY 09	USS CARL VINSON	HOME	1700
THUR	MAY 11	NAS MOFETT FIELD	AWAY	1700
TUES	MAY 16	USS SAM GOMPERS	HOME	1700
THUR	MAY 18	NSGA SKAGGS ISLAND	AWAY	1700
THUR	MAY 25	MARE ISLAND	AWAY	1700
TUES	MAY 30	TREASURE ISLAND	HOME	1700
THUR	JUN 01	NWS CONCORD	AWAY	1700
TUES	JUN 06	NAS ALAMEDA	HOME	1700
THUR	JUN 08	USS CARL VINSON	AWAY	1700
			(NAS ALAMEDA)	
TUES	JUN 13	MOFFETT FIELD	HOME	1700
THUR	JUN 15	USS SAM GOMPERS	AWAY	1830
			(NAS ALAMEDA)	
SUN	JUN 18	NPGS MONTEREY	AWAY	1200 (DH)
TUES	JUN 20	SKAGGS ISLAND	HOME	1700
6-9 JULY: C.P.S.C. REGIONAL MEN'S CHAMPIONSHIPS-NAS ALAMEDA				
5-18 AUG: NAV TRAINING CAMP-NAS PATUXENT IVER, M.D.				
19-24 AUG: INTERSERVICE CHAMPIONSHIP, GOOD FELLOW A.F.B. TX.				

Naval Hospital Oakland Women's Varsity Softball Schedule 1989

DAY	DATE	OPPONENT	LOCATION	TIME
WED	MAY 10	MARE ISLAND	THERE	1700
SUN	MAY 14	NAS LEMOORE	HOME	1100 (DH)
MON	MAY 15	MOFETT FIELD	THERE	1700
WED	MAY 17	NAS ALAMEDA	THERE	1700
MON	MAY 22	USS SAM GOMPERS	HOME	1700
WED	MAY 31	MARE ISLAND	HOME	1700
MON	JUN 05	MOFFETT FIELD	HOME	1700
WED	JUN 07	NAS ALAMEDA	HOME	1700
SUN	JUN 11	NPGS MONTEREY	HOME	1100 (DH)
WED	JUN 14	USS SAM GOMPERS	Alameda	1700

23-25 JUNE: C.P.S.C. REGIONAL WOMEN'S CHAMPIONSHIPS-SKAGGS ISLAND
22 JULY-11 AUG: NAVY TRAINING CAMP-NAS KINGVILLE, TX
12-17 AUG: INTERSERVICE-CAMP PENDLETON, CA.

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Boorda, from page 2

that quite as much anymore. I'm seeing people within the building who deal with Navy men and women directly, making those extraordinary efforts to do the right thing."

"I'm happy with the way things are going but I'm not satisfied. And if I ever got satisfied, it would be time for a new Chief of Naval Personnel."

Tough recruiting environment may dictate major changes

In his testimony, Boorda noted that the Navy recruiting command met total accession requirements, but said goals for new enlistment contracts were not met for 10 months in FY88. The summer of 1988 was the worst for Navy recruiting since 1985, and the delayed entry pool is 10 percent smaller than at this time last year. He explained that in today's recruiting environment, with the continuing decline in the male youth population (which won't turn around until 1996), and generally low unemployment, there is greater competition for high-quality youth available and eligible for enlistment. He added that a low awareness of Navy opportunities among the youth population exists, and that he has begun two independent studies to develop strategies that would allow the recruiting command to identify and penetrate high-quality markets.

The Navy's top manpower official praised the work of Navy recruiters in meeting most of

their goals, but noted that some changes may be in store for the year ahead. "Recruiting command has not had a major change in well over 10 years now," Boorda said. "It has served us well in the 80s, but — like everything else — it may need to be updated. Recruiting commands are going to look like they do because that's the nature of the beast — that's how they do recruiting. I don't think there will be drastic upheavals, but I'll bet there will be some major changes that we'll want to make. I just don't know what they are yet. We're trying to do better in the way we treat our recruiters and their quality of life."

Navy medicine on upswing

In the vital area of Navy medicine, with its beneficiary population of 2.4 million, the innovative action items recommended by the Navy Medical Blue Ribbon Panel are an "excellent road map for the course we must take," said Boorda. "The area of greatest concern is the recruiting of health service professionals."

To that end, medical department officer recruiters have been increased from 30 to 93, retention bonuses have been increased for physicians, graduate medical education programs have been strengthened and two-thirds of officer end-strength growth in FY90 will be in the medical professions. Medical officer retention

bonuses were recently increased to cover more specialties.

"We've done a lot of things that ought to make it better, but one of the things we've done is stop the exodus of doctors and nurses and get them to stay with us so we have to recruit so many more," Boorda said. "And in the future, when we don't have that problem, we'll continue to do things, and that's part of the Blue Ribbon Panel recommendations that's working."

The Navy has 12 emergency rooms now staffed by doctors, and a total of 100 contracts have been signed, being negotiated. "That's Navy doctors doing things," explained Boorda. "We get some of the CHA money back because people can now be treated at hospitals."

"We won't fix this overnight, we need to tell people there aren't a lot of jobs unemployed in this country, we're trying to entice people to come work with us who have lots of other options," said Boorda. "The surgeon general and I are on the same frequency, working hard to improve it. We just put \$87 million into Navy medicine, which is a pretty strong commitment to trying to do it. The plan seems to be working. It took a long time to get it and it's going to take a while to dig out, but I'm doing everything I can to do it."

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Keyport Branch Clinic see page 4

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Friday, May 28, 1989

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Oakland, Calif. 94627-5025

MSC director visits Naval Hospital Oak Harbor

By Richard Hayworth, PAO
Naval Hospital, Oak Harbor

OAK HARBOR, Wash. — Naval Hospital, Oak Harbor was the host site for Rear Admiral Don Schuler, director of the medical service corps (MSC), April 9 and 10. Schuler, who is on tour of northwest region naval medical commands also visited Naval Hospitals at Bremerton, Oakland and Lemoore.

Schuler began his West Coast visit with a sight-seeing tour of Oak Harbor, Deception Pass and Cornet Bay. At a reception held later that evening at Lieutenant Robert Padulas's residence, Schuler told the hospital officer staff and their spouses, "I am extremely pleased to have the opportunity to visit the Naval Hospital, meet the staff, and discuss current issues facing Navy medicine and the medical service corps."

The next day, he toured the hospital, met with staff and briefed them on current MSC and health care issues. One initiative currently under review is the MSC billet structure. Schuler indicated a new system is being

developed to more accurately reflect where manpower needs are for MSC officers.

The goal of this system is to get the right person in the right position. With the new initiative, MSC officers will be required to complete training requirements before occupying a billet in specialty areas such as patient administration or fiscal supply.

Schuler called this new training structure "training to requirement." This program will provide for increased efficiency and let MSC officers hit the ground running when reporting to new commands.

When asked what effect the planned addition of physician assistants (PAs) to the medical service corps would have on promotions, Schuler explained, "adding PAs will have little effect on promotions, retention or augmentation." He added that these new officers will enhance the Medical Service Corps by expanding the diversity and prestige of the Corps.

Standards for physician assistants have changed over the last 20 years, requiring exacting certification and demanding



Rear Admiral Don Schuler gathers with Medical Service Corps officers of Naval Hospital, Oak Harbor, during his recent visit. Pictured are (front, left to right), Commander Fran Hughes, Executive Officer; Lieutenant Robert Padula, Director of Ancillary Services; Lieutenant Commander Bill Knox, Admiral's Aide; Lieutenant Lee Cornforth; Rear Adm. Schuler; Lieutenant Junior Grade Dallas Seaber; Lieutenant Karen Osmak; Lieutenant Ken Parks; (Back Row), Lieutenant Pat Kelly; Lieutenant Herbert Webb; Lieutenant Robert Nelson; Lieutenant Robert Vernon; Lieutenant Rod Meiboom; Lieutenant Brian Sauers; and Lieutenant Junior Grade Graham Filean. (U.S. Navy photo by Lieutenant Junior Grade Richard Haworth)

higher educational achievements. They have proven themselves as highly skilled and respected health care professionals.

Commissioning recognizes these advancements in the physician assistants profession and provides our Navy physician assistants parity with PA commissioned status in the Air Force.

Physician assistants become the 21st health care and science speciality added to the corps since 1947. Schuler said enthusiastically, "It is an honor to have them join our ranks. The MSC community has always striven for excellence and will continue to do so. Now more than ever, with a rapidly chang-

ing health care environment, the challenge is to provide the best health care and health care management possible using in-

novation, taking risks, and by being the best we can be no matter what our assigned duties."

NAVAL HOSPITAL OAK HARBOR EMERGENCY ROOM, AMBULATORY CARE SERVICES RUNNING SMOOTH

By LT Richard Haworth, PAO
Naval Hospital Oak Harbor

NAVAL HOSPITAL OAK HARBOR Wash. — Coastal Government Services has been providing emergency room and ambulatory care services at Naval Hospital Oak Harbor since June 1 9189.

This civilian contract group employs approximately 15 full and part time health care personnel and five administrative personnel. During the past seven months the Coastal staff have worked very hard to complete the transition from Navy to civilian physician coverage and establish a working rapport

with all hospital departments. Thanks to the efforts of the active duty staff here at Naval Hospital Oak Harbor the orientation phase proceeded smoothly. The emergency room nurses and corpsmen who worked side-by-side with the civilian nursing staff proved to be a valuable source of informa-

tion both during start-up and today. Those requiring a very special "thank-you" include Mike Craddock Lou Geyer Lou Bear, Bob Costa Russ Pickett Frank Larkin Ida Ancheta and Alice Kuhn.

Since the overall goal of civilian contract medicine is to increase the availability of medical services to all eligible beneficiaries the coastal staff has focused their efforts on attaining this goal with successful results. The emergency room usage has remained essentially unchanged as expected. However the Ambulatory Care Clinic (ACC) has steadily increased the number of services available and currently sees between 1,300 and 1,400 patients per month. Sick Call is run by the ACC staff from 7:30 through 9 a.m. Monday-Friday for active duty personnel. Same-day appointments can be made for two or three days in advance as well. The appointment clerk starts

See EMERGENCY ROOM, p. 7

NAVAL HOSPITAL BREMERTON CONSTRUCTION BEGINS ON REC CENTER

By Lt. Gavrisheff
Naval Hospital, Bremerton

Naval Hospital, Bremerton — On Thursday, April 6, 1989, Naval Hospital Bremerton celebrated a ground breaking ceremony for a new 2,400 square foot recreation building and the 900 square foot playing court. Total cost of the two projects is \$300,002.

Captain J. E. Hendrickson, civil engineering corps, officer-in-charge of construction, Nor-

thwest Region, and Mr. Stan Palmer of Stan Palmer Construction, Inc., Silverdale, Wash., spoke to those in attendance.

Captain Bartlett, the commanding officer, commented that these long awaited facilities are now under construction because of the vision and perseverance of those who were here long before us. It is an encouragement to all of us to see these dreams come to fruition. It is now up to us to continue this tradition so that those who

follow can look forward to new and better facilities.

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YOUR BLOOD PRESSURE

By CDR Ronald M. Lesko,
MC, USNR-R
Naval Military Personnel Command

WASHINGTON (NES) — High blood pressure, also known as hypertension, is associated with heart disease, stroke, hardened arteries and kidney disease. Unfortunately, hypertension usually has no symptoms and, therefore, can easily go undetected. Thus, it is important to have your blood pressure checked on a regular basis.

Millions of Americans use prescribed medication to control their high blood pressure. Although effective, drugs can be expensive and sometimes produce side effects. Therefore, treating hypertension with little or no drugs is preferable.

Most people with mild to moderate hypertension will respond to non-drug lifestyle changes, such as diet, exercise and stress reduction. Overweight and obese people have a far greater risk of developing hypertension than normal weight adults. The most important aspect in both the prevention and treatment of hypertension is staying at your ideal weight.

Diet

The average American consumes about twice as much salt as recommended. Salt causes fluid retention in the body, which increases blood pressure. One or two cups of coffee can elevate your blood pressure moderately for several hours, and the caffeine increases the workload of the heart. Alcohol also can significantly increase your risk of hypertension.

Average Americans consume

40 to 45 percent of their actual daily calories as fat. Common sources of fat in fast foods are french fries, hamburgers and shakes. A lower fat diet, with only 25 percent of total calories coming from fat, may lower blood pressure.

Vegetarians appear to have lower blood pressure readings than meat eaters. They eat less fat and have a tendency to eat foods with more fiber and minerals.

Some studies suggest that sugar elevates blood pressure. Sugar is also a common source of empty calories which have little nutritional value and can be a problem for those who need to maintain their ideal weight.

Although cigarette smoking contributes to hardening of the arteries and adds to the risk of heart disease, its role in hypertension is not clear. Nicotine is known to constrict blood vessels.

Exercise

Regular exercise and physical fitness may reduce your risk of developing hypertension and help to control existing high blood pressure. Physically active people tend to have lower blood pressure readings.

Stress reduction

Stress can also lead to elevated blood pressure. Relaxation exercises, a good attitude toward life, spiritual awareness, and social support systems such as friends, family and service organizations, are ways to reduce stress and, thereby, help normalize blood pressure.

The most important aspect in both the prevention and treatment of hypertension is staying at your ideal weight.

Steps to lower blood pressure

In summary, these recommendations can help to prevent and/or treat high blood pressure:

- Maintain your ideal weight.
- Reduce total salt intake to about 1 teaspoon daily. Beware of prepackaged foods; read the labels.
- Drink no more than two or three cups of regular coffee per day or switch to decaffeinated beverages.
- Limit alcohol consumption to two drinks per day or less.
- Reduce the amount of total fat in the diet.
- Avoid empty calories such as sugar — 75 percent of the sugar we eat is disguised in food, rather than coming from the sugar bowl.
- Consume more fiber by eating more fresh fruits, vegetables and whole grains such as whole wheat breads, brown rice and other whole grains instead of white flour products and instant cereals.
- Use other protein foods such as beans, nuts and seeds instead of relying on meats as the primary source of protein.
- Avoid all tobacco products.
- Get regular aerobic exercise for at least 20 minutes, three to five times per week.
- Learn to deal effectively with stressful situations.

Faithfully followed, these health interventions may alleviate or reduce the need to take medication for high blood pressure. If you already have

high blood pressure and are taking hypertensive medications, these recommendations should be followed under your doctor's supervision.



A normal adult blood pressure reading is 120 over 80 milligrams of mercury. The first number is the systolic pressure — the reading when the heart is working hardest pumping blood out of the heart. The second reading or diastolic pressure is taken when the heart relaxes. Any individual whose reading is consistently 140 over

90 has hypertension.

Although 58 million Americans have elevated blood pressure only one out of three is controlling the condition. Studies have shown that weight control, alcohol moderation and sodium restriction can control blood pressure for many patients but others will require anti-hypertensive drugs.

THE WORD ON PFB

WASHINGTON D.C. — The Navy's policy in dealing with psuedo-folliculitis (PFB) a medical condition aggravated by daily shaving, is not managed in the same manner as other services. The Army Air Force and Marines train their personnel at recruit training in the proper manner of shaving. Those personnel who cannot shave because of PFB are discharged from the service.

The Navy's softer standard on the issue of PFB is aggravated by the manpower shortage in the Dermatology Department of the Navy's medical community. This results in more and more granting of "no-shave chits" by the medical department which

is approved by the commanding officer as required by the Navy Department instructions.

The following recommendations have been forwarded by the Chief of Naval Operations Master Chief Petty Officer of the Navy Advisory Panel:

- Navy publish "get tough" instruction/directives
- Naval Medical Command to establish training and evaluation procedure for medical commands/departments.
- Establish a period of time for member to correct the problem (12 months).
- If unable to comply initiate administrative discharge procedures as "medically unsuitable" for naval service

SIU GRADUATES AREA NAVAL PERSONNEL

Southern Illinois University (SIU), College of Technical Careers will confer Bachelor of Science degrees on area students in uniform. Sheila M. Burke, Mark A. Morgan, Mark L. Ramsey, Dorothea Y. White, and Shirley M. Seaman will receive their B.S. degree in Health Care Management.

The students in their career-oriented program completed 120 semester hours of broadly-based educational courses. These courses have prepared them for a professional management/administrative position in

the health care field. The core SIU curriculum they received was presented at the Oakland Naval Hospital by SIU faculty.

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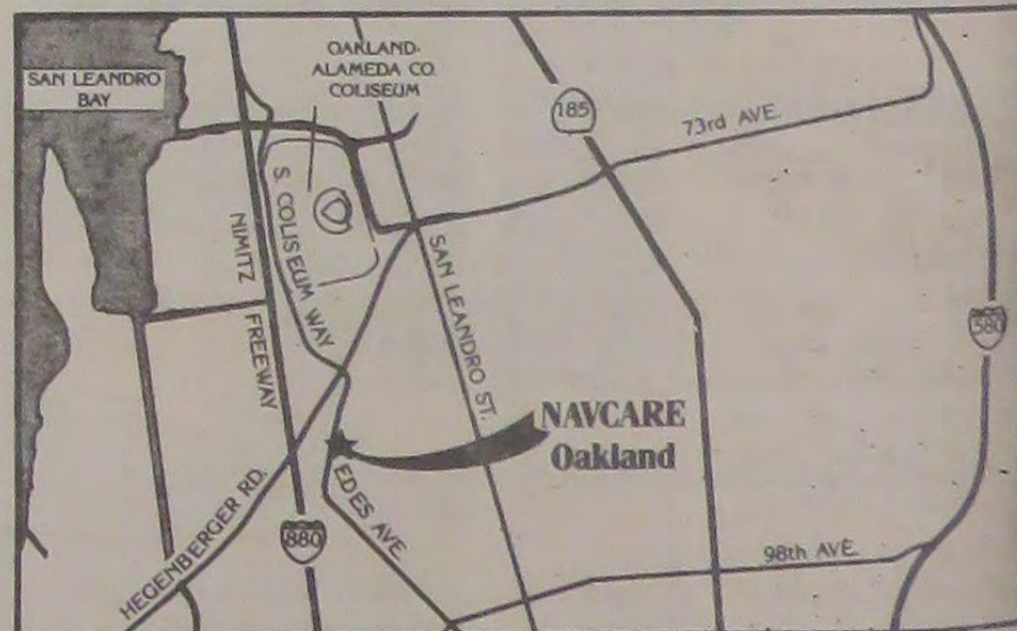
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The President's Memorial Day message

On Memorial Day, the citizens of the United States pause to reflect upon the courage and selflessness of the men and women who have given their lives in defense of our Nation. These heroes paid the ultimate price to ensure that their fellow Americans could continue to live in "freedom's holy light." We owe them our eternal gratitude.

As we honor those Americans who have made the supreme sacrifice in service to our country we also salute you the current members of our Armed Forces. By protecting our Nation's hard-won liberty you help to ensure that the sacrifices of

those who have gone before us were not made in vain. Your sense of purpose, professionalism, personal courage and loyalty are an inspiration to us all.

As Commander in Chief I proudly salute the past and present members of our Armed Forces who have so faithfully defended freedom — the only sure foundation for peace — around the world. Thank you God bless you and God bless America.

George Bush
President

President George Bush.
(Department of Defense photo)



MEDICAL BLUE RIBBON PANEL: ACCESS TO MEDICAL CARE TO IMPROVE

Navy members and their families should have access to direct medical care as the result of recommendations by a Medical Blue Ribbon Panel. The panel was established last year to examine problems in Navy medicine.

The group's goal was to improve delivery of Navy medicine to everyone eligible to receive it, including active duty personnel and their families. At the same time, they were looking for ways to reduce the use of CHAMPUS, lower CHAMPUS costs and revitalize Navy graduate medical education.

The panel's 76 recommendations were approved by the Secretary of the Navy. Some of the major recommendations were:

- Establish family practice hospitals to give beneficiaries — for example Navy family members and retirees — their own "family doctor" to improve access and continuity of care.

Two of these hospitals are

planned, one within the continental United States and one outside Conus.

- Provide more resources to strengthen physician graduate medical education and increase residency training opportunities in order to recruit and retain more doctors.

- Increase recruiting and retention by developing a competitive medical special pay package to improve the compensation of doctors and nurses.

- Increase reenlistment bonuses, "C" school training and commissioning programs for hospital corpsmen.

- Assign non-medical support personnel to medical treatment facilities. Military personnel from many ratings, such as yeomen, boiler technicians and boatswain's mates, could perform clerical and administrative support tasks on a temporary additional duty (TAD) basis while awaiting transfer.

- Increase civilian clerical

and administrative support for military treatment facilities.

- Disestablish the four clinic commands within the United States and return their manpower and funding assets to Navy medical treatment facilities. The commands are in San Francisco, San Diego, Norfolk and Washington, D.C.

Many initiatives to improve Navy medical service that were already underway are given more emphasis by the panel. Examples include lengthening the hospital corpsman "A" school curriculum and tripling the number of active duty medical recruiters.

The Navy's commitment to first-rate, quality medical care was emphasized by Secretary of the Navy William L. Ball III in AINaz 146/88. Because of the changes recommended by the panel he said, "all members of our Navy-Marine Corps family will benefit from better opportunity and access to high quality medical care."

SIU GRADUATES AREA NAVAL PERSONNEL

WASHINGTON, D.C. — The Department of Defense is currently conducting the 1989 savings bonds campaign. During the campaign, a savings bonds canvasser will be contacting you to explain the benefits of savings bonds and invite you to join the payroll savings plan or give you an opportunity to increase the amount of your present bond allotment.

The payroll savings plan for U.S. Savings Bonds is an easy and convenient method of saving regularly that offers tax advantages and market-based interest rates for small sums of money. When you join the plan, you select an amount to be set aside from each paycheck to buy bonds. The rest is automatic; you save payday after

payday without interruption.

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Savings bonds also offer exemption from state and local income taxes and deferral of federal income tax. In addition, as a result of legislation recently signed into law, you may be eligible for total or partial federal tax exemption on bonds purchased after Dec. 31, 1989, if these bonds are used for a college education and, as always, lost or stolen U.S. Savings Bonds

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When the canvasser calls, please consider how bonds can help you achieve your savings goals. Then sign up as a new bond buyer or increase your present allotment.

All military and civilian personnel are urged to take advantage of the savings bonds program. It provides an opportunity to build personal security through convenient and systematic saving with the added advantages of tax breaks and market-based variable interest rates.



News Briefs

Navy budget adjustments

WASHINGTON, D.C. (NNS) — In their first congressional appearance since the release of the revised fiscal year 1990-91 defense budget, Secretary of the Navy-designate, H. Lawrence Garrett, III and Chief of Naval Operations, Admiral Carlisle A.H. Trost, USN, testified before the House Armed Services Committee May 4 that the United States Navy remains, even after budget cuts, a most capable force, and that navy people are the key to navy success.

"Our highest priority, when considering necessary reductions, has been and will remain the well-being of our people," Secretary Garrett said.

Admiral Trost advocated maintaining people programs and discussed the impact of some major navy budget adjustments:

- (A) on the early retirement of USS Coral Sea (CV-43) when Abraham Lincoln (CVN-72) joins the fleet in 1990 leaving a total of 14 carrier battle groups, Trost said "this means we will continue to experience . . . Secretary Cheney has stated up front that we will not attempt to do more with less."

Trost added that Secretary of Defense Dick Cheney's "strong commitment to our policy of a minimum of one year in home waters between six-month overseas deployments is essential to ensure our sailors and their families do not pay the price with increased separations and longer deployments for not achieving our minimum carrier force level."

- (B) the Chief of Naval Operations said the early retirement of DDG-2/DDG-37 classes and transfer of 24 ASW frigates (FF-1052 class) to the fleet reserve combatants and will be less capable than I and our combatant commanders would like under most regional threat scenarios we face. In the event of a contingency or other national requirement to employ naval forces, those deployed battle groups may require augmentation by unscheduled deployments of conus-based combatants.

"The burden of unscheduled deployments falls not just on the ships, but on the men and women who man them and the families who support them. Ensuring that our outstanding navy men and women do not become overextended at sea is a priority on which Secretary Cheney, Admiral Crowe, Secretary-designate Garrett and I are in complete agreement."

- (C) Admiral Trost emphasized the necessity to keep new navy programs on track stating that with all the necessary cuts it is, "essential to this process . . . to deliver the increased combatant capabilities," of major programs including: Arleigh Burke class DDG's, new Nimitz class CVN's, Seawolf class SSN-21's, A-12 and Long LRAACA (Long range air antisubmarine warfare capable) aircraft on schedule.

The Chief of Naval Operations concluded, "while I have understandable reservations about the size of our force level cuts, a sustained reduction in tension between the superpowers should permit us to make adjustments in our deployment schedules and to undertake a level of risk which a short time ago would have been unacceptable."

Iowa repairs will cost \$15-20 million

WASHINGTON D.C. (NNS) — The number two gun turret on USS Iowa (BB-61) could be repaired for \$15-20 million, Assistant Secretary of Defense for Public Affairs J. Daniel Howard said May 4.

Howard said the damage assessment shows the turret can be repaired. The navy has not yet decided when or if repairs will be made, but the materials and expertise exist to do the job.

Iowa offloaded ammunition from turret two. The charges will be examined and tested as part of the investigation. The damaged turret, which had been trained to starboard since the accident, was moved back to the center line position under its own power.

Critics have argued that battleships are obsolete with no place in today's navy and that costs to repair Iowa would far exceed the ship's value in a super-power confrontation. But supporters of the battleships cite other uses for the tremendous firepower.

"The navy does a lot of things that have nothing to do with the Soviet Union," Congressman Les Aspin (D-Wis.) told the Milwaukee Journal. "I'm talking about the Persian Gulf and escorting ships, dust-ups with Libya, shelling Lebanon - all those things the navy is called on to do. For that, the battleship is a good piece of equipment. It's less expensive than anything else you might build."

With the modernized battleships' additional armament of tomahawk and harpoon, Aspin added, "it's not like World War II when the only thing you had was the guns."

Point Mugu helo crew rescues stranded sailors

POINT MUGU, Calif. (NNS) — Crewmen in a search and rescue helicopter out of Point Mugu rescued two men clinging to an overturned catamaran last month.

The HH-46 helicopter was on a training flight when Aviation Electronics Technician Eric Koryn, the assigned rescue swimmer, sighted the craft. The pilot positioned the helo as Koryn entered the water to help the men into a hoist and up to the aircraft.

The sailboat left Ventura, Calif. harbor April 5. Three hours later a line snapped and the craft lost its mast. The two men drifted for 20 hours before the helo crew spotted them.

The men were given medical examinations by the corpsman on the helo while enroute to Point Mugu, then transferred to the base hospital. Each had been wearing two wetsuits and did not require any medical treatment.

COCAINE: A MEDICAL NIGHTMARE

OAK HARBOR Wash. — Sigmund Freud Sherlock Holmes famous personalities and popular songs have all contributed to the myths surrounding cocaine. Once believed to be a medicinal "tonic," we now know that cocaine is really a medical nightmare. As the myths begin to fade the facts are becoming brutally clear—cocaine kills. Learning the facts about cocaine and where to find help if you have a cocaine problem may prevent you or someone you love from becoming the next cocaine fatality.

Physical Effects

Cocaine is a powerful stimulant that acts on the central nervous system. Within seconds of using cocaine heart rate respiration, and blood pressure increase. This sudden overstimulation can cause cardiac arrest respiratory failure brain seizures

and as statistics show sudden death.

There is no such thing as "safe" amounts of cocaine—even first time users are at risk for these potentially fatal side effects.

Warning Signs

Many of the following warning signs may accompany cocaine use. If you a friend or loved one exhibits one or more of the following patterns professional help is strongly recommended.

—Sudden inexplicable mood swings ranging from euphoria to depression.

—Erratic performance at work or at school.

—Frequent absenteeism from work or school (usually after payday or before or after the weekend).

—Continuous money problems.

—Disappearance of valuable

goods from the home.

—Brief frequent trips to a bathroom or private room to cover up usage.

—Opposite behavior (i.e. a reserved person who becomes overly gregarious and talkative etc.)

Where to Find Help

Fortunately if you need help in kicking cocaine—before it kills you—there are many local and national organizations that can provide help and referrals. Check your local phone book's "Yellow Pages" under Drug Abuse for numbers near you or call one of the following cocaine "hotlines": (800) COCAINE or (800) 622-HELP.

Your private physician or religious advisor can also put you in contact with service organizations who specialize in helping people with cocaine and other chemical dependencies.

DENTAL CORNER

By Lt. Linda Kae Nesbit, DC
Naval Hospital, Oakland

NAVAL HOSPITAL, Oakland, Calif. — If your children's dentist told you he could perform a simple procedure on your children's teeth that would potentially prevent up to 96 percent of the cavities that occur on the biting surfaces, would you think that was wonderful? If the dentist went on to tell you that this procedure would involve a minimal amount of time, no shots, and no drilling on the teeth, would your children think that was wonderful?

By now, you're probably thinking, "this would be nice — let me know when they invent such a procedure." This article is to let parents know that such a procedure is available.

Sealants are made of an epoxy plastic. The teeth to which sealants are applied must have deep grooves and fissures on the

biting surface to help hold the sealant onto the tooth. These deep fissures are the same feature that makes posterior teeth the most cavity prone. In other words, — the more cavity prone the tooth is, (the deeper the fissures) the better the sealants will work. Also, newly erupted teeth retain sealants better and therefore the procedure is best started at ages 6 for the first molars, at age 10 for the first premolar and at age 12 for the second premolar and molar, or soon after the teeth erupt.

The tooth must be kept dry and free of saliva during the application of sealants. The enamel is cleaned and roughened by a special conditioning solution, then the sealant material is painted on. The material either hardens by itself or is hardened by a lamp which emits a specific wavelength of blue light. The sealant material

effectively creates a barrier between the decay-causing bacteria in the mouth and those grooves and fissures in the teeth. The application of sealants takes about 30 minutes to seal all 16 permanent posterior teeth. The projected life of a sealant is 10 years, about the same as for an amalgam (silver) filling but the sealants should be checked at regular intervals to insure the maintenance of their seal.

The application of sealants is yet another facet of preventive dentistry. Regular dental checkups, application of fluoride and placement of sealants are among the procedures offered by your civilian dentist to keep your children's teeth healthy and their smile beautiful.

Worth Repeating:

"It is fitting and proper that we devote one day each year to paying special tribute to those whose constancy and courage constitute one of the bulwarks guarding the freedom of this nation and the peace of the Free World." —President Dwight D. Eisenhower

"Sacrifice, not selfishness, must be the eternal price of liberty. Vigilance, not appeasement, is the byword of living freedoms."

—Gen. Omar N. Bradley, USA
former JCS chairman

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Command Spotlight:

KEYPORT BRANCH CLINIC

Courtesy of Naval Hospital
Bremerton

KEYPORT Wash. — Keyport Branch Clinic an annex of Naval Hospital Bremerton is located in the industrial area of the Naval Undersea Warfare Engineering Station Keyport Wash. The clinic is staffed by a civilian physician an Occupational Health nurse four military staff members and a staff of four civilian employees who provide support services to a population of 3,500 civilians and 350 active duty personnel.

The primary function of the clinic is to provide occupational health monitoring and physicals to all employees aboard NUWES. The clinic also is capable of providing basic laboratory and x-ray support.

Along with the clinic's primary function the staff members are responsible for sick call for all active duty members and provide emergency services aboard the engineering station to include industrial accidents.

The clinic routinely provides support to the various drills enacted at the station such as otto fuel (a propellant to MAC 26-46 torpedos) and mass casualty drills. Since the engineering station is responsible for torpedo maintenance and testing the clinic's invol-

ment in the drills for contingency purposes is invaluable to ensure the health of those members involved.

Due to the small size of the clinic dependents and retirees are unable to receive routine care and must seek it at major facilities within the Washington area.

FEDERAL AGENCIES AWARDED

By Nikita Robinson
FEB Public Affairs Specialist

SAN FRANCISCO, Calif. — The San Francisco Veterans Administration (VA) Medical Center, renowned for its outstanding research and educational programs and excellent patient care, was awarded one of six "Federal Agencies Of The Year" awards, by the San Francisco Bay Area Federal Executive Board, (FEB) May 2, at the Presidio Officers' Club, during an awards ceremony luncheon.

The research service work conducted at the San Francisco VA Medical Center covers virtually all medical specialties except pediatrics. Currently, new AIDS research programs are examining how the virus attacks cells, and are attempting to define the best ways to educate people about the disease.

The FEB awards ceremony was held in conjunction with Public Service Recognition Week, which is celebrated annually the first week of May. It is a time for the nation to say "thank you" to public employees for their dedicated service as well as to inform American citizens of the range and quality of services provided by government workers.

Other award-winning agencies honored for outstanding accomplishments last year included: the Federal Bureau of Investigation, San Francisco Field Office; the Office of Personnel Management, Regional Staffing Division and Area Offices; the U.S. Coast Guard, Rio Vista; the U.S. Customs Service, San Francisco Mail Division; and the USS ENTERPRISE.



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Finding quality child care

By Master Sgt. Mary A. Peterson USA
American Forces Information Service

WASHINGTON D.C. — The need for child care on military installations is a major concern of the Defense Department.

The demand for child care far surpasses the supply. Even though there are more than 600 child-care centers and 11,000 licensed family day-care homes on military installations worldwide thousands of service members and civilian employees are on waiting lists to enroll their children in base centers and homes.

Quality child care is important. As with any investment parents should compare what is available. How does the care provided by installation centers and licensed homes compare with similar care in the local community?

According to Department of Defense's Office of Family Policy and Support the Department of Defense ranks in the median of nine important child-care standards in the 50 states

and the District of Columbia.

Two of those standards are minimum enrollment age and health requirements.

Children must be at least 6 weeks old to be enrolled in military day-care centers on installations.

That same minimum enrollment age — six weeks — is the criteria in 19 states and the District of Columbia. Children must be 8 weeks old in two states (Maryland and New York) 12 weeks old in two states (Wyoming and Illinois) and 2 years old in one state (Hawaii) unless special permission is granted. Iowa Kansas and Michigan accept 2-week-olds Alaska accepts 3-week-olds and Connecticut, Washington and Wisconsin accept 4-week-olds.

Currently no state has established minimum age requirements for family day care.

The standard for the Air Force is infants 2 weeks old at family day care. It is 4 weeks old in the Army and the Marine Corps and 6 weeks old for the Navy.

The military services require immunizations and health certificates for children in center and family care. Immunizations

are required in 46 states for children in center care and in 38 states for children in family care. Three states (Arizona Idaho and Nebraska) do not require immunizations for center care until the children are of school age; Minnesota and Montana do not require immunizations for infants in center care.

The military services allow children with mild illnesses to attend both center and family care but exclude children with contagious illnesses. However 27 states exclude mildly ill children from attending center care and 18 states disallow mildly ill children from attending family care.

The services require health and emergency medical training for care-givers. In contrast only 23 states require some of their staff to undergo emergency medical training. And only 16 states require health training. Four states (Florida Maine Nevada and New Jersey) require both.

With increasing emphasis on child care in the United States the statistics are rapidly changing. Counties and municipalities may have higher standards than state standards.

News Briefs

Trident II operational date postponed

WASHINGTON D.C. (NNS) — Navy investigators have discovered that design flaws in a nozzle at the base of the missile caused a trident II (D-5) to self-destruct in a test flight March 21.

The D-5 was originally scheduled to be fully operational aboard the Ohio-class fleet ballistic missile submarine USS Tennessee in December 1989. A design modification will now delay the missile's initial operating date to March 1990.

Assistant Secretary of Defense for Public Affairs J. Daniel Howard said the Navy will do some "redesign/modification of the mechanical linkage that transmits the nozzle position commands to the nozzle exit cone at the base of the missile. They will also modify the timing and magnitude of the nozzle position commands themselves in the period immediately following the first stage ignition."

The next trident II test launch is scheduled for July 1989 from USS Tennessee, the only submarine configured to launch the missile.

Navy and Coast Guard ships rescue survivor of tainted ship

HONOLULU, Hawaii (NNS) — Navy and Coast Guard assets joined forces May 3 to rescue a man escaping from a merchant vessel polluted with hydrogen sulfide. USS Goldsborough (DDG-20) was the first ship on scene after the man was sighted in a liferaft by a Coast Guard aircraft.

A refrigeration unit onboard the trawler "Margaret G" failed, causing the ship's cargo of fish to rot and creating toxic, explosive hydrogen sulfide fumes. When two sailors investigated the cargo hold April 30 and failed to come out, the remaining crewman sailed the vessel toward Honolulu.

The man abandoned the ship in a liferaft when the fumes became "unbearable." He was spotted May 2 by a Coast Guard C-130 aircraft. The plane dropped two more liferafts, food, and a radio.

Goldsborough arrived on-scene the next morning and took the survivor aboard. He was later transferred to Coast Guard Cutter Cape Corwin and taken to Honolulu.

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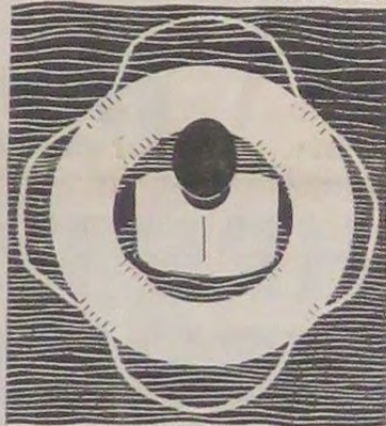
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Regional

NAS WHIDBEY ISLAND

PILOT PROGRAM HELPS TROUBLED FAMILIES MAKE ENDS MEET

By Eileen Brown

Crosswind editor
NAS Whidbey Island

Oak Harbor, WA — The small conference room barely held its audience of 27-13 young mothers, one dad and at least 13 infants. Birds sang outside the windows and warm rays of sunshine beckoned. Yet the group was surprisingly attentive and

well-behaved. The subject matter was dear to the hearts of everyone: how to get baby off to a good start in life with proper nutrition.

WIC - which stands for Women's Infants' and Children's Special Supplemental Food Program - has been invited to come to Naval Air Station Whidbey Island. Office space and some administrative assistance is given to them by the Family Ser-

vice Center, across from the commissary store. All the money to run the program comes from the USDA, not from the Navy, and it's free.

Nearby Coupeville has a small WIC program with a top caseload number of 150. About 75 percent of those women who applied for WIC assistance at Coupeville were Navy dependents.

According to Marilyn Miranda, a registered dietician who coordinated the Family Service Center-hosted WIC, the burgeoning caseload at Coupeville caused authorities to review the needs of the local population.

"Now that we're set up, our caseload here is set at 300. We're at 220 now, and when that magic number comes up, the state has said they will increase it to 500," Miranda said. When the caseload goes up, Miranda will need more help, but she expects the state will provide that too.

WIC started as a pilot program in 1974. A couple of years later, it became nationwide. In fact, it's one of the few programs that continues to be funded. "We continue to prove to the legislature that it does save

money," Miranda added. "For every dollar we spend on the WIC program, we save \$3 in medical costs down the line."

The program is for working families who have trouble making ends meet. Emphasis is on nutrition education. Miranda stresses it's not a "hand-out," but a free, government-funded program designed to meet the nutritional needs of pregnant women, nursing mothers and infants.

Mothers and children get a basic health screening by a volunteer nurse; if a health problem is found, they are referred to a doctor. Diet is assessed at the initial screening and follow-up nutrition education classes are required.

One mother said the program saved her about \$50 a month on the cost of formula for her baby. If a woman is breast-feeding, she receives vouchers to buy high-protein foods for herself, such as milk, eggs, cheese, peanut butter, dried beans or peas.

Once a parent is accepted into the WIC program, she takes authorized vouchers to an approved supermarket (in Oak Harbor, Ennen's Thriftway, Safeway and the commissary all

accept WIC vouchers) to buy specific foods, such as iron-fortified formula, juices and infant cereal.

WIC-approved foods are rung up separately from other family groceries, and the parent must verify correctness of prices on the voucher. That's all there is to it. The store sends the vouchers to the store for reimbursement.

Nutrition education classes give parents helpful do's and don't's, such as never giving a baby a bottle with juice or milk at bedtime (it rots teeth); avoiding graham crackers with honey coating (honey can harbor botulism); giving baby fresh whole milk starting at 1 year (not 1 or 2 percent, since growing brains need extra fat); and how fluoride helps baby's teeth grow strong.

Base housing and city water has fluoride in it; well water doesn't.

Pregnant women and families with small children are encouraged to call WIC at Family Service Center, 257-8049, to ask about getting on the program. They are currently seeing children up to age 2. Eligibility is based on income, family size and nutrition risk.

Records fall at NH Bremerton

By CDR Eric Mortensen,
Planning Officer

Naval Hospital, Bremerton

One primary measure of a hospital's activity is its operating room workloads. During the month of March 1989 the Anesthesia Department administered 170 anesthetics. This is the highest total since January 1986 (181 cases) and the fifth highest since January 1984. Meanwhile, the OR crew were setting their own productivity record (180 cases) despite having sent OR nurse, LCDR Peterson, on a three month float.

Records like this are not set in isolation, but are the result of teamwork on the part of many people. The operating room nurses, CDR Perry, LCDR's Slagle and O'Fallon and Lt. Landaker, were essential to the effort. The OR techs, HM2's Crouch, Campbell, Watson, and Gagnon, HM3's Sellick, Henniger and Robinson and HN Bond scrubbed cases and kept instruments and supplies cleaned and stocked. The recovery room/same day/anesthesia corpsmen, HM3's Heard and Wndler, HN's Reyes and Toste, took care of patients pre and post-op and kept the anesthesia department equipped. HM2 Weber coordinated supply ordering and delivery. Mrs. Mary Waller, ward clerk, managed the schedule

and the phones. Ms. Julie Stepzinski, RN, managed all manner of problems in the Same Day Surgery Unit.

In addition, nurses, corpsmen and ward clerks on MS-I and MS-II and the postpartum and labor and delivery wards carefully prepared patients for surgery and received them afterwards. Internists, pediatricians, family practitioners and emergency room physicians referred patients for surgery. Laboratory technicians, pathologist, X-ray techs and radiologists played vital roles pre-operatively and post-operatively. Medical record clerks, patient affairs clerks, administrative, fiscal and supply personnel contributed. Cooks prepared food. Housekeepers cleaned the building and maintenance crews kept it in repair.

Many critical jobs had to be done before the surgeons could bring their patients to the operating room. The endless day-to-day cycle of running the hospital is a complex dynamic process requiring the best efforts and teamwork of everyone. Each person working here has an IMPORTANT job to be proud of. The end result is the OUTSTANDING patient care for which this hospital is famous. When the Anesthesia Department sets a record like this one, EVERYONE at Naval Hospital Bremerton looks good. BRAVO ZULU!

AIDS test available at Letterman

By Sandy Green

LAMC, PMS

SAN FRANCISCO, Calif. — Since July 1988, Letterman Army Medical Center has offered routine Human Immunodeficiency Virus (HIV) testing to Health Care Beneficiaries (HCB) receiving inpatient and outpatient care. While HIV is the name of the virus which can cause AIDS, many people simply refer the test as the "AIDS test."

Almost everyone has heard about this deadly virus which can be transmitted through intimate sexual contact, sharing of needles, or from an infected mother to her baby. While most people do not feel they are at risk for infection by this virus, there are some instances where people could have been exposed to the virus through intimate sexual contact in the past, or through a blood transfusion prior to the availability of HIV antibody testing in early 1985.

When this concern arises, HCBs should seek HIV testing through their health care provider at LAMC.

Purpose of the HIV testing program is to provide HCBs the opportunity to learn as much information as possible about their health status. To increase the visibility and accessibility of this program, small signs stating "HIV Testing Available — Ask Your Health Care Provider" are being placed in the clinics and on the wards, along with educational materials which explain more about the virus, means of transmission, ways to prevent transmission and HIV antibody testing.

For anyone who would like more information or counseling, or who would like to schedule a class for military personnel or civilian employees, the point of contact for the Presidio of San Francisco HIV Program is Sandy Green, Preventive Medicine Service, 561-3929/3924.

FEDERAL CORNER

THRIFT SAVINGS PLAN CUTS INCOME TAX

NAVAL HOSPITAL, OAKLAND, Calif. — Looking for ways to cut down your income tax?

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Trying to save for retirement but always spend the money

before you can get it in the bank?

If you answered yes to any of the above questions, then the Thrift Saving Plan (TSP) may be the answer for you! Now is the time to join — during the period May 15 through July 31, 1989: open season.

Remember, it is the painless way to save because the money is deducted from your check before you receive it, the amount saved being deducted from your gross pay for tax purposes and all savings earning a good interest rate. Additional information and details are available from your local civilian personnel office.

We want your questions! We'll provide you the answers!!

If you have questions in areas such as policies, procedures, benefits, or just want information regarding Federal Employee rights, here's an avenue to follow. Just complete the form and send it in — attention Sydney Santos/What's the Answer, Civilian Personnel Office, Naval Hospital, Oakland, Calif. 94627-5000. Mrs. Santos will provide the answer by individually contacting you or through the NORWESTER. (Editor's Note: The NORWESTER reserves the right to edit comments for journalistic style. All contributions become the property of the newspaper. "What's the Answer?" submissions will be selected at random for publication based on their timeliness of topics and geographic focus.)

Question (PLEASE PRINT CLEARLY):

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Regional Calendar

May 26 — 1st Annual Memorial Day Freedom 10 K Run/2 mile Run. All proceeds will be donated to the Vietnam Veterans Aid Foundation. The run/walk starts at 9 a.m. at Hellyer Avenue/Highway 101 and finishes at Hellyer Park in San Jose. Commemorative T-shirts will be given to entrants and three top awards will be given in

the following categories: age, wheelchair, active duty and veterans. Pre-registration fee is \$10 to participate and on the day of the race the fee is \$11. For more information call (408) 978-8972 or 1-800-FON-VVAF.

June 9 — Major League Baseball Game. San Francisco Bay Area Federal Executive Board (FEB) invites all Navy per-

sonnel to "Federal Employees Night at the Stick," Giants vs. Padres, on June 9 at 7:30 p.m. Tickets are five and six dollars. To order tickets, or for more information, contact Larry Gancasz, San Francisco Giants at (415) 468-3700, extension 1991 or Nikita Robinson, FEB, (415) 974-0651.

Regional

SAN FRANCISCO MEDICAL COMMAND

BAY AREA EARTHQUAKE DISASTER DRILL A SUCCESS

Photos courtesy NHO, Biomedical Communications

By JO2 T.S. Begasse
Norwester staff writer

NAVAL MEDICAL COMMAND, Northwest Region — The San Francisco Bay Area's earthquake disaster preparedness was recently tested during an exercise that joined the hands of local civilian and military medical, communication and security personnel in a simulated emergency.

The disaster drill scenario was based on casualties and damage projected to occur in a severe earthquake — 8.3 on the Richter scale. This included emergency responses to such conditions as collapsed buildings and bridges, ruptured gas and water mains, fires and a projected 40,000 deaths and 330,000 casualties.

The drill served a dual purpose, according to Rear Admiral David M. Lichtman, head of the

and local emergency plans when medical emergencies exceed their capabilities. They carried out a day-long mock earthquake disaster beginning at 2:30 in the morning with the recall/alert drill. Before dawn, moulaging (a theatrical technique using clay, makeup and artificial blood to create "real life" wounds) took place at both LAMC and Oak Knoll in preparation of the actual exercise. "Patients" were all tagged with information defining their specific conditions. The initial "casualties" were triaged at LAMC and medically evacuated to the surrounding NDMS hospital such as Oak Knoll. Patients were transported via helicopter and field ambulance to the receiving hospitals where they received appropriate triaging and treatment. Some were then transported to other medical treatment facilities as



The pre-triage center just outside the entrance of Naval Hospital Oakland's Emergency Room became the initial stop for arriving 'patients' during the earthquake disaster drill. An 'earthquake casualty' receives reassurance from a naval doctor during a pre-operative consultation. A Naval Hospital Oakland medical team assesses a 'casualty' during the disaster exercise.



An "earthquake casualty" medically evacuated from Letterman Army Medical Center via helicopter is transported to Naval Hospital Oakland's patient receiving triage center during the recent Bay Area Earthquake Disaster Exercise. (Photo courtesy NHO, Biomedical Communications Department)

newly formed Army/Navy joint command, the San Francisco Medical Command (SFMC), which directed the military medical aspect of the exercise. "It tested our cooperation with the civilian authorities," said Lichtman, who is also double-hatted as the commander, Naval Medical Command, Northwest Region. "Military and civilians responded together to a local disaster through the National Disaster Medical System (NDMS)."

The military hospitals involved in this year's exercise were Naval Hospital, Oakland (Oak Knoll), Letterman Army Medical Center (LAMC) in the Presidio of San Francisco and David Grant Medical Center at Travis Air Force Base. The civilian hospitals included John Muir in Walnut Creek, Washington in Fremont and Kaiser in Hayward.

The medical treatment facilities involved in the drill worked with NDMS, a federal program designed to supplement state

deemed appropriate for their conditions.

At Oak Knoll, patient treatment areas included pre- and main-triage, a minor injury center for those patients able to enter by foot, an immediate and delayed (pre-operative) care and burn center. Surgeons, physicians, nurses, Red Cross members and corpsmen were all on hand to provide assistance. The communications center was a vital link in the smooth operation of the hospital, connecting key staff members together in the medical, communication and security specialties. It was an all hands effort.

The drill portion of the exercise, ending at about 1 p.m. that afternoon, tested five main areas of earthquake disaster preparedness: alert/recall procedures, communications with respect to the assembly of personnel, effective augmentation of personnel, supplies and equipment for the medical receiving areas and lastly, the transportation and

communication necessary to efficiently connect the participating facilities.

Following the drill, extensive evaluations of contingency readiness and the executed emergency responses took place with key members of the SFMC and Northwest Region staff making assessments.

Rear Admiral Lichtman was particularly pleased with the tri-service cooperation, saying "The coordination has gone extremely well."

Along with the aforementioned commands involved in the drill, the following facilities were vital to its smooth coordination and evolution: Region IX, Federal Emergency Management Agency; Headquarters, Sixth Army; city and county of San Francisco emergency medical services; Alameda county emergency medical services; Medical District 27, Veterans Administration and 343rd Medical Detachment (air ambulance) U.S. Army Reserve, Hamilton Field.

In a real disaster, the governor of California would request assistance from the federal government and the Sixth U.S. Army would then mobilize the Bay area military resources.

Communications specialists were tasked with coordinating the link between each participating medical treatment facility with headquarters.



A 'patient' arrives at Naval Hospital Oakland's pre-triage area located just outside the hospital's emergency room. A medical assessment team provides care to an 'injured patient' during the Bay Area disaster drill. Triage officers diagnose the severity of the 'patient's' injuries.

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People in the Region



Chief Petty Officer Michael J. Harms, a hospital corpsman, renders his final salute during his piping over at his recent retirement ceremony. Harms joined the Navy February 24, 1965, "Because of the challenge," he said. When asked if he would change anything if he could do it all over, he said, "I would not change a thing." In his departure from active duty, Harms shared his thoughts with the members attending his ceremony, "Never forget your mission. Never lose faith when the going gets tough. One will always make it through the rough seas for more smooth sailing."

Harms is married to Petty Officer 3rd Class Diane M. Harms, a hospital corpsman assigned to Naval Hospital Oakland's Deployable Medical Team to support USNS Mercy. He has two daughters: Leslie, 18, and Angela, 16.

The Santa Cruz native said that of all his duty stations, his tour at Oak Knoll from 1967 to 1968 was his favorite. (U.S. Navy photo by SN M. Herrington)

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taking phone calls at 7:30 a.m. for all beneficiaries. In addition to the appointment system the ACC provides walk-in services all day long. Since there is active duty preference between 7:30 and 9 a.m. during the week all patients "walking-in" after 9 a.m. are seen on a first-come first-served basis. All beneficiaries are encouraged to call for an appointment whenever possible to avoid unnecessary waiting.

The patient contact representative for the emergency room and the ambulatory care clinic is Tracy Fitzgibbon (ext. 363). Any questions about the contract group should be directed to Tracy or LTJG Haworth (ext. 348).



Lee R. Baker, a federal employee assigned to the branch hospital in Adak, Alaska, is presented a Letter of Appreciation by Lieutenant Commander Lee W. Tompkins, the hospital's officer-in-charge, during a recent awards ceremony. (Official U.S. Navy photo)



Wanda Cappello, secretary to the Northwest Region's deputy commander, receives a Letter of Appreciation from Rear Admiral David M. Lichtman, Commander, Northwest Region, for her outstanding educational contributions to the Navy Correspondence Course. (U.S. Navy photo by SN M. Herrington)

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NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Friday, June 9, 1989

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Oakland, Calif. 94627-5025

Oakland Navy League Awards

NHO's finest nurses named

By Andree Maréchal -
Workman
NORWESTER staff writer

NAVAL HOSPITAL, OAKLAND — Lieutenant Commander Elinor J. Spita and Lieutenant Jodi G. Morra, NC, received the Senior and Junior

Navy Nurse Corps leadership awards on May 17, 1989.

Sponsored by the Oakland Council of the Navy League, the awards were made during a luncheon at Oak Knoll's officers club honoring Spita and Morra along with the nominee runners-up. After a brief in-

troduction by Thalice Matten, president of the Oakland council of the Navy League, Captain Joan "B" Glass, director of Nursing Services, Naval Hospital, Oakland presented the awards.

"It is more difficult to accept praise than to give it," said Senior Nurse of the Year Spita. "I thank the Navy League and the nursing staff because receiving this award is extra special." Like Spita, Junior Nurse selectee Morra was elated. "I am very honored," she declared. "I am very proud to serve under Captain Glass and I thank the Navy League and all my peers for having chosen me."

Lieutenant Commander Nancy Lindstrom, department head, main operating room, Naval Hospital, Oakland, explained the process of selection and detailed the three areas of competence utilized as criteria. They are: demonstrated nursing ability; teaching competence; overall managerial and supervisory capability. The presentation ceremony attended by hospital staff and Navy League members was coordinated by Helen Cupper, Command Support Committee, Oakland Council of the Navy League.

See NURSES page 2



Navy nurses Jodi G. Morra, left, and Elinor J. Spita, right, beam with pride as they pose with Ms. Thalice Matten for a souvenir shot. (Photo by SN Mark Herrington)

Expansion for Fallon clinic set

By JO3 S.D. Reinhardt
NAS Fallon Nev.

FALLON Nev. — A ground breaking has been tentatively set for spring of 1992 for an estimated \$5-million new medical clinic at Naval Air Station Fallon to open by late fall of the same year.

"We haven't drawn up the plans yet but the money has been approved," said Lieutenant Commander Bryan Elkins, officer-in-charge of the Fallon Branch Medical Clinic.

"I want to emphasize that this is not a hospital but an outpatient urgent care clinic like the present facility," he said. "The difference is the new one

will be a large facility with better x-ray laboratory and pharmacy capabilities."

Along with the new facility there are hopes of increasing the number of hospital corpsmen and doctors.

The money to build the new facility is coming through the Defense Medical Facility Office in Washington D.C. according to Elkins.

The application for the facility was made two years ago when the specifications were sent off and came back approved.

Possibility of the current clinic's being retained for use as office space is being considered.

GEOCOM ACOS ends 36 year naval career

Captain James P. Smith, Jr., Assistant Chief of Staff for the Naval Medical Command, Nor-

thwest Region for Resource Management, finally ended his naval career that began in April

"People like you are the heart, soul, and backbone of the U.S. Navy."

—RADM David Lichtman

1953 when he joined the sea service as a hospital corpsman.

"People like you are the heart, soul and backbone of the U.S. Navy," said GEOCOM Commander Rear Admiral David M. Lichtman who served as the guest speaker for the time-honored tradition held at Oak Knoll's "O" Club recently.

Meritorious Service Medal

Capt. Smith was presented with a Meritorious Service Medal by Adm. Lichtman during the ceremony for his outstan-

ding inspirational leadership qualities and superb management skills while assigned as ACOS for Resource Management at GEOCOM. He also received the "Stars and Stripes" which had been flown over the U.S. Capitol. Capt. Smith's wife, Barbara, was also honored with a Certificate of Appreciation from the United States Navy for her devotion and faithful service throughout her husband's career.

Ex-enlisted

"Capt. Smith learned what it meant to be at the bottom of the corporate ladder," said Capt. James L. Smith, GEOCOM's Chief of Staff and Deputy Commander who served as the master of ceremonies. "He brought out the very best from his O1 Staff. It's a profound sense of loss."

Capt. Smith rose from the enlisted ranks when he was selected for a commission in the Medical Service Corps in November 1965. His first assign-

ment was a Administrative Officer at the School of Submarine Medicine. This was followed by many varied assignments over the course of his career. He attended the Naval School of Health Care Administration and earned his bachelor's degree in business administration from New Hampshire College. Capt. Smith reported to GEOCOM in 1985 from the CHAMPUS office in Denver, Colo.

Various Assignments

Capt. Smith's assignment as an enlisted person covered a gamut of challenging hospital corps billets that ranged from submarine duties to naval hospital staff member.

Capt. Smith is a member of the American Academy of Medical Administrators (AAMA) and served as the Director for the Northern California Chapter of AAMA.

A native of Thomaston, Conn., Captain Smith is married to the former Barbara Marie Eastwood of Waterbury, Conn. He is the father of five children: Marie, James Edward, Patricia, Michael and Kenneth.



Captain Smith makes his final salute as he is piped over during his retirement ceremony. (Photos by SN Mark Herrington)

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NURSES from page 1



Navy nurses Jodi Morra and Elinor Spita (right) display their plaques.

Senior Nurse of the Year

Elinor J. Spita, Lieutenant Commander, NC, USN

- Command:** Naval Hospital, Oakland
Work Center: Surgery Clinic
Job Description: Charge nurse, surgery clinic; head, relief ambulatory care division
- Background:**
Family Status: Single
Hometown: Wellesley, Massachusetts (before Navy: Kennebunk, Maine, after 1975)
Hobbies: Archeology—Registrar, Merritt College Anthropology Museum.
Likes: Travel, archeology/history, reading, the ocean and the beach, dancing and writing.
Dislikes: Turnips, crime, narrow-minded people.

- Q: What is the most challenging part of your job?
A: Teaching junior nurse corps officers and hospital corpsmen the art of nursing practice and operational readiness in support of the fleet.
- Q: What is your immediate goal?
A: Complete a masters program in nursing education in order to be able to better prepare junior nurses and hospital corpsmen for assignments in CONUS (continental United States) and overseas. Also continue my writing.
- Q: What is your long-term goal?
A: Same as above minus the writing.
- Q: What does being in the Nurse Corps mean to you?
A: It means being a special kind of nurse, not just caring for patients, but training junior staff members and being concerned with the operations readiness program to support all military projects.
- Q: Do you have any advice for individuals interested in joining the Navy Nurse Corps?
A: In the Navy Nurse Corps there is a tremendous opportunity for both professional and personal growth. Professional maturity is reached through the leadership and management training and experience that only the military can provide. Personal development is achieved through travel and a chance to meet many people of different cultures and background. In short, Navy nurses have an opportunity to experience professional and personal growth on a level not afforded by the civilian nursing community. I heartily recommend the Navy as a choice for a nursing career.

Junior Nurse of the Year

Jodi G. Morra, Lieutenant, NC, USN

- Command:** Naval Hospital, Oakland
Work Center: Neonatal Intensive Care Unit
Job Description: Assistant Branch Head Neonatal Intensive Care Unit
- Background:**
Family Status: Married to Lieutenant Commander Marcus Morra, urology resident, Naval Hospital, Oakland — no children.
Hometown: Wantagh, New York
Hobbies: Learning sign language, crafts and spending time exploring the outdoors.
Motto: Treat others as you would like to be treated.
Likes: Spending time with family and friends.

- Q: What is the most challenging part of your job?
A: To learn as much about all facets of neonatal intensive care nursing as I can.
- Q: What is your immediate goal?
A: To get selected for lieutenant commander; also, to become "fluent" in sign language.
- Q: What is your long-term goal?
A: To increase my awareness of operational readiness by serving aboard the U.S. Naval Ship Mercy.
- Q: What does being in the Nurse Corps mean to you?
A: An opportunity to serve with other nurses who have a true sense of camaraderie and an opportunity to combine two careers: nursing and naval officer.
- Q: What has been your most memorable experience as a nurse?
A: Receiving the Navy League award and meeting a lot of wonderful friends and patients while serving in the Nurse Corps.
- Q: Do you have any advice for individuals interested in joining the Navy Nurse Corps?
A: Be prepared for hard work and many challenges. The Navy Nurse Corps provides nurses with many opportunities not found in civilian nursing. Just give us a try.

USUHS seeks qualified students

The Uniformed Services University of Health Sciences (USUHS), the Department of Defense's own medical school, may be the nation's best-kept secret because so few people realize what they can gain there.

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On graduation day the graduates receive the M.D. degree, a promotion to captain or lieutenant and owe seven years of service to pay for their education. The university also has a tuition-free graduate program that offers Ph.D. and master's degrees.

USUHS is open to all U.S. citizens, civilians as well as enlisted/officer service members and trains doctors for the Army, Navy, Air Force and the U.S. Navy Air Force and the U.S. Public Health Service. For more information write the Office of Admissions Attn: PAC Uniformed Services University 4301 Bridge Rd. Bethesda MD 20814-4799 or call (202) 295-3101.



NEW NAVCARE CLINIC PROVIDES WALK-IN MEDICAL CARE

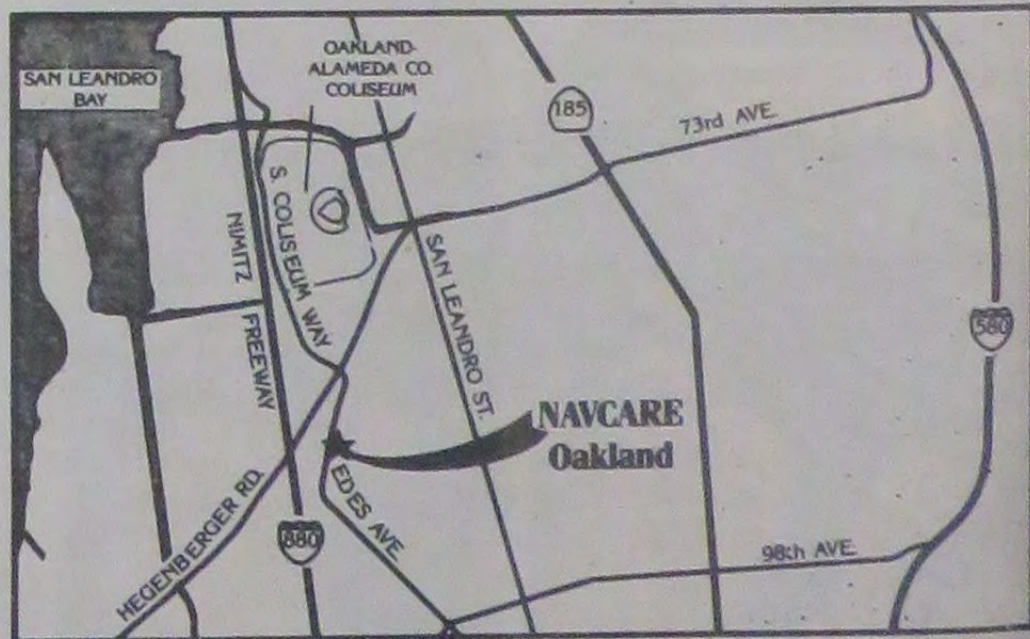
NAVCARE Walk-In clinics are a new approach to providing military beneficiaries access to primary health care. NAVCARE Oakland will be open 365 days each year—from 0700 to 2000 weekdays and from 0700 to 1600 weekends and holidays.

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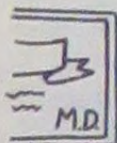
*NAVCARE Oakland is located at:
8450 Edes Avenue
Oakland, CA 94621

Infoline: (415) 632-7286
Other Calls: (415) 632-5514
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The lighter side of life



NORWESTER

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Just what is respect all about?

by Capt. F.L. Jackson
C.O., Naval Hospital, Oak Harbor
(Guest Editorial)

Respect is what Aretha sang and Rodney Dangerfield doesn't get any of. But just what is respect all about? Respect is what you owe your flag, your command and your uniform. It is also what makes it possible for you to get up every day and go to a tough, demanding, low-paying job with long hours and imperfect working conditions. You put up with a lot because you feel like a professional and you're respected for what you do.

Because we're good, hard-

working, well trained, intelligent Navy people we all deserve respect from our shipmates.

Up and down the chain of command, respect is the thing which makes our social and military system run.

Respect is not dependent on rank, rate, age, financial status, color or gender. Everyone who tries conscientiously to do their job the best they can deserves respect.

Here at Naval Hospital, Oak Harbor we have a lot of people who do their jobs the best they

can — corpsmen, nurses, housekeepers, doctors, administrators, etc. Each of us needs to recognize the professionalism of our co-workers and to give them the respect they deserve. Up and down the chain of command respect is the thing which makes our social and military system run.

Look around at your colleagues and be sure that you give them the respect they deserve, just as they respect you for who you are and what you do. Mutual respect will create trust, confidence, and that special feeling of camaraderie which makes the Navy more than just a job, and makes us an unbeatable team.

Project Care launched

CHAMPUS has begun its expanded home health care demonstration project, Coordinate Appropriate Resources Effectively (CARE), to include all CHAMPUS beneficiaries and to serve the needs of patients who have exceptionally serious, long-term, costly and incapacitating health care conditions. Project CARE, which began on July 1, 1988, serves CHAMPUS families in Maryland, the District of Columbia, Northern Virginia, Colorado, Wyoming, South Dakota, North Dakota, Utah, Nebraska, Missouri, Kansas and Washington.

Case Management

Mandated by Congress, Project CARE will develop and evaluate a model for case management, beneficiary and provider education and appropriate resource utilization, involving both military and civilian community medical resources.

Under Project CARE, CHAMPUS has contracted for case management services, which include identification of potential Project CARE patients, develop-

ment of home and community-based treatment plans, choosing the most suitable and cost-effective services for patients and evaluating the quality of care.

Demonstration Area

CARE offices will be located at military hospitals in the demonstration area and supported by case managers, health care resource coordinators and health care resource representatives. These staff people will coordinate with local, state and federal agencies on health care financing and with health care providers on agreements to save money for military families and the government. If a patient is not accepted into the case management system he or she will be referred to the health care resource coordinator who will assist in finding alternative medical and financial resources.

Outpatient Cost-share

The cost of the CHAMPUS beneficiaries for home medical care under Project CARE will be an outpatient cost-share. In most cases, active-duty families will pay 20 percent of the

CHAMPUS allowable charge, while others will pay 25 percent. In addition, all care accepted for case management will be pre-authorized. However, pre-authorization does not always mean that the care will be covered under CHAMPUS.

CHAMPUS-eligible families are protected from catastrophic expenses by a limit on covered medical bills for care in each fiscal year. The limit for active-duty families is \$1,000, while the limit for all others is \$10,000. The limit applies only to the amount of money required to meet the family's annual deductibles and cost-shares based on CHAMPUS allowable charges. The limit does not apply to charges in the excess of the allowable charges, to treatment not covered under CHAMPUS, nor to cost-shares paid under the Program for the Handicapped.

For more information, see NNMCC Project CARE Coordinator Pat Adams or Representative Barbara Gifford at Outpatient Administration, rooms 1432 & 1433, or call 295-5153/5154.

Adm. Bitoff receives honorary degree



SAN FRANCISCO—Rear Admiral John W. Bitoff, commander of Naval Base San Francisco and Combat Logistics Group One, received the Honorary Doctor of Laws degree from his alma mater at the 88th annual commencement exercises of Golden Gate University, June 3, at the Masonic Temple.

Golden Gate University President Otto Butz called Adm. Bitoff, who received a master of science degree in human resources management from GGU in 1985, "an outstanding naval officer and an astute student of foreign policy issues and processes." He said the admiral was selected to receive the university's highest honor because he "embodies the ideal of soldier-scholar-statesman which is our country's best assurance of politico-military policies that are consistent with American values and are

creatively responsive to evolving international challenges."

Adm. Bitoff assumed command of the San Francisco base on Jan. 19, after a 20-year career which included tours of duty at sea, at the Pentagon and throughout Europe. He was promoted to the task of rear admiral in 1985, while he was the executive assistant to the chairman of the Joint Chiefs of Staff in Washington, D.C.

Adm. Bitoff's personal military awards include the Defense Distinguished Service Medal; Defense Superior Service Medal; Legion of Merit (one gold star); Defense Meritorious Service Medal; Navy Commendation Medal (one gold star); and the Navy Meritorious Unit Citation.

He is married to Maureen Lois (Collins) formerly of Portsmouth, N.H., and they are the parents of a daughter, Elizabeth, who is a college senior.

Navy News Briefs

Personnel Budget Outlook Upbeat

Chief of Naval Personnel Vice Admiral Mike Boorda has an upbeat assessment of the Navy's FY-90/91 personnel budget request.

"Our objective is to provide sailors with a stable, predictable year in 1990, and I believe Congress recognizes the importance of this goal in terms of providing a decent quality of life to our people," Boorda said during a recent interview on the Navy's budget submission to Congress.

The Navy manpower chief's assessment followed testimony before the Senate Armed Services Committee May 11. At that hearing, Boorda noted that no arbitrary reductions had been made to the Navy's personnel budget, reflecting the top priority established by the secretary of the Navy and the chief of naval operations.

Responding to a recent Navy Times newspaper article on the proposed manpower budget, Boorda said personnel programs would be reasonably well funded if Congress approves the proposed budget.

Sailors Enjoy Liberty in Shanghai

Over 1600 sailors from three U.S. Navy ships enjoyed the sights and sounds of Shanghai during a four-day goodwill visit that began May 19. USS Blue Ridge (LCC-19), USS Sterett (CG-31) and USS Rodney M. Davis (FFG-60) left the Chinese port May 22.

During the visit the American sailors attended many social events with Chinese sailors to foster cultural interaction. Teams from the two navies played basketball and soccer while other sailors went sightseeing and shopping. An enlisted reception onboard Sterett May 20 brought Chinese and Americans together for a chance to exchange uniform items and personal mementos (such as pins, photos, and buttons), and helped foster camaraderies between the two nations.

Despite Chinese student protests for democracy in Shanghai during the historical port call, American crewmen enjoyed the four days of social and cultural current events. The sailors were well received by their Chinese military hosts and the civilian population.

"The visit was a unique chance to see one of the world's largest and most famous cities," said Commander, U.S. Seventh Fleet Vice Admiral Henry H. Mauz who was embarked in Blue Ridge for the visit. "This marked another step in improving cooperation between our two navies and nations."

New Sea Duty Credit Announced

All enlisted sailors who, as February 1, 1987, reported to commands where they received partial sea duty credit will now receive full sea duty credit for the entire period of their assignments. Sailors on Type Seven duty in Bermuda, Puerto Rico and Guam will receive full sea duty credit regardless of their reporting date. All tour lengths will remain the same.

All sailors assigned as of January 1, 1989 to the nucleus phases of new ships being constructed will also receive full sea duty credit for the entire period of their assignment.

These policies released in NAVOPS 050/89 and 051/89, will be incorporated in the next regular change to the Enlisted Transfer Manual (NAVPERS 15909D).

Voluntary Tour Extensions Sought

Sailors with a planned rotation date in FY-1990 who want to extend their current tour for one year have that opportunity.

If you are serving in Type 2 through 8 duty and have a PRD between October 1, 1989 and September 30, 1990, and have not received follow-on-orders, you are eligible to apply for an extension. Certain ratings, listed in NAVOP 065/89 on Type 1 duty may also apply.

Interested officers submit requests, citing NAVOP 065/89 as a reference, with command endorsement to Commander, Naval Personnel Command (CNMPC) by April 30, 1990.

Interested petty officers submit an enlisted personnel action request (NAVPERS 1306) citing NAVOP 065/89 as a reference, with command endorsement to EPMAC info CNMPC (NMPC-461E).

The final decision for all requests will be based on individual desires, command readiness and fleet balance.

VHA Rates Increased

The VHA (Variable Housing Allowance) rate increase that took effect June 1 is designed to maximize the amount of VHA service members receive and still remain within the FY-89 funding ceiling. Increase will range between about \$2 and \$15. The exact amount of increase was based upon member's paygrade, marital status and duty station.

The revised rates will remain in effect until January 1, 1990. The Department of Defense has requested a 3.6 percent increase in the VHA program for FY-1990. If granted, VHA rates will be adjusted January 1, 1990 to reflect the increase.

Top enlisted advisory panel meets to improve sailors' 'quality of life'

By JOC Gwyneth J. Schultz
Special to the Norwester

WASHINGTON, D.C.—The Chief of Naval Operations Fleet and Force Master Chief Advisory Panel recently met in Washington to discuss current enlisted issues. The twelve-member panel is composed of the four fleet and eight of the 22 force master chief petty officers and is chaired by the Master Chief Petty Officer of the Navy (MCPON) AVCM (AW) Duane R. Bushey.

Quality of Life

"The panel meets to improve the quality of life for the sailors, improve readiness and enhance the training side of the Navy. One of the big advantages of getting them together in Washington is that they do represent the entire enlisted community, they know the issues what are out there and they get here and they share those issues," outlined Bushey.

"There are a lot of things that can be solved right here with this panel. And when they come together and find they have the same concerns throughout the entire fleet, then that's a big bell to ring to get the Chief of Naval Operations attention. The CNO can also use this panel to express his own needs for the Navy mission, what he wants to project out into the fleet. So it serves as the eyes and ears for the Chief of Naval Operations (CNO) and the Master Chief Petty Officer of the Navy (MCPON)," Bushey continued.

Most Serious Problem

During this panel advisory meeting some of the subjects were sea/shore rotation policies, construction of child care facilities, the physical fitness program, detailee hotlines from overseas, the importance of command master chief and enlisted leadership training and the need for adequate berthing ashore for single sailors, officer and enlisted.

Of all the concerns under dis-

cussion in this panel and others, the single most serious problem fleet-wide was *unanimously* voiced as BEQs/BOQs.

"Our sailors live in less space at sea than that allotted to a felon in a federal penitentiary. That doesn't bother them. They understand the requirements, the mission and realize that they have to sacrifice something to carry out the important tasks their nation expects of them," said Naval Air Force Atlantic Fleet PRCM Stanley Crowley. "But where we lose the majority of our single sailors in retention is when they come from sea to shore duty and we expect them to live in inadequate facilities in poor condition with not much more room than they had at sea. That has to change."

The entire panel concurred with Crowley, and added that close behind were compensation issues—pay and equitable assignments for single and married sailors.

Attrition

"Single sailors sometimes perceive that the married sailors get a better deal in housing, duty, financial compensations. Perhaps if we take care of the needs of our single sailors, they might not rush into getting married, thinking that there will be better tours and more money," said Crowley. "I have no doubt that there are some sailors who got married just because of that, without looking at the debit side."

"Attrition has been one of the subjects discussed heavily here," said Bushey. "We're a little concerned about the number of people who, from the time they're recruited, do not complete their four-year contract. We think the number's too high. A lot of that is through training and leadership—or rather lack of. We spent a lot of time with Vice Admiral Boorda (Chief of Naval Personnel) on how we can correct this. In this time of constrained resources and finances, we're going to be standing up yelling and kicking because we

don't have the manpower to carry out our mission throughout the fleet, so the corrections have to come from us. We have to make sure the education and training is available and that we send our people to schools and encourage them to take advantage of the opportunities available. People join the Navy for education, so we have to make sure that part stays in the budget."

Retention, not always easy in the best of times, has become increasingly difficult with a booming civilian economy, perceptions of the military and the needs of the individual changing. What is the fleet's most valuable retention tool?

"The most significant retention tool is the leadership of the individual down at the command. All of our retention programs are important, but if we don't take care of our people, they're not going to stay around," answered YNCM (SW) Allchin. "And that includes both the married and the single sailor. I think we've recognized what the needs are and we're going forward to meet those needs the best way that we can. We have to ensure that when we send our sailors to sea that they're highly trained, that they have the spare parts, and that the platform that they are on is capable of continuing with the mission. We don't want to send our sailors out without the chance to survive."

Physical Fitness

Personal survival, as well as fleet survival, was discussed under physical fitness training. How is physical fitness being handled, improved, changed?

"Physical fitness is not so much individual initiatives as it is the philosophy of why we need to do this. It's in the best interest of our sailors, it's the right thing to do and what we're generally discussing is how to make it work better," responded MMCM (SS) Connell.

"How do we get our young people, in particular, to change and adjust their lifestyles, principally because they need to do it?" continued Master Chief Connell. "They need to be stronger, healthier and more combat-efficient. But not only that, as a person, as an individual, it makes them a better person—stronger, they feel better about themselves, and it's a mutually-acceptable requirement."

The panel meets twice a year and acts as the major advisor on enlisted matters to the Chief of Naval Operations (CNO). Recommendations made by the panel were sent to the CNO in a formal report at the conclusion of the meeting and will be reported as they become available. Previous panel recommendations have resulted in significant changes concerning uniforms, sea duty enhancement, leadership training and quality of life improvements. The panel has met in its current format since 1975.

Editor's note: Chief Schultz is editor of *Sea Services Weekly*, Naval District Washington.

Chaplain's Corner

A Person's Will

No one is beat till they quit.
No one is through till they stop.
No matter how hard failure hits,
No matter how often one drops
A person's not down til one lies
In the dust and refuses to rise.

Fate may slap one and bang one around
And batter one's frame till they're sore;
But she can never say that they're downed,
While they bob up serenely for more.
A person's not dead till one dies.
Nor done till one no longer tries.

If you think you're beaten, you are;
If you think you dare not, you don't
If you'd like to win, but think you can't
It's almost certain you won't.

If you think you'll lose, you're lost,
For out in the world you find
Success begins with a person's will;
When Christ has the whole person's mind.

Life's battles don't always go
To the stronger or faster one.
But sooner or later, the one who wins
Is the one who thinks-it can be done

—Author Unknown

New telephone numbers for GEOCOM PAO

The GEOCOM Public Affairs Office (PAO) has new telephone numbers. Ms. Diane LaMacchia, the PAO, can now be directly reached at (415) 633-4526. Other lines to contact the office are: (AV) 828-5816 and (Commercial) 415-633-5816.

The PAO is manned from 9 a.m. til 4:30 p.m., M-F. Anyone desiring to call the office after working hours can get in touch with the headquarters quarter deck at (AV) 828-6200, or (Commercial) 415-633-6200, and leave a message.

Bushey to visit Oak Knoll

NAVAL MEDICAL COMMAND, Northwest Region—Master Chief Petty Officer of the Navy, Duane Bushey, is coming to the Bay Area June 25 to 27 to address the enlisted medical community concerning Navy issues. See the next Norwester for details of his visit.

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National Defense

Innovation, Efficiency keys to handling defense cutbacks

By Evelyn D. Harris
American Forces
Information Service

In his first speech as deputy secretary of defense, Donald J. Atwood said that to meet the fiscal 1990 budget goal of reducing defense spending by \$10 billion while maintaining a high state of readiness, DoD would need to become more innovative in the way it conducts business and encourage greater efficiency in the defense industry.

Speaking to a meeting of the American Institute of Aeronautics and Astronautics near Washington, D.C., Atwood said despite signs of political and military change in the Soviet Union, "changes in Soviet military doctrine have yet to go much beyond simple rhetoric."

"The Soviet Union is still producing 3,500 tanks each year, while we produce only 800. We, therefore, cannot afford to be

premature in our actions. We must wait for substantive measures on their part before we readjust our military posture," said Atwood.

Quality and the readiness of American military forces had the highest priorities as the 1990 budget was formulated, he said. Because American weapon systems are sophisticated, their operation requires highly skilled and motivated personnel. To attract and retain them in an era of declining numbers of young people, the military must pay well, train well and provide for sufficient fuel, munitions and spares to keep planes flying and tanks operating.

He identified those programs with unproven technology or those whose benefits did not justify their costs as the most likely targets for cuts.

Atwood maintained that the "roller coaster" defense for the money than could have been obtained with more stable spend-

ing patterns. He called for Congress to approve a biennial defense budget, as recommended by the Packard Commission, as a remedy for this instability.

Multiyear procurement is another way to increase the efficiency of the defense budget, said Atwood. He noted that DoD will save \$9 billion from fiscal 1982 through 1989 using this method of procurement.

Asserting that greater efficiency in defense spending must begin within the Pentagon, Atwood said DoD had a goal of saving 3 percent per year in operating expenses under the president's Productivity Improvement Program.

"We are working hard to change the organizational culture so people think first about the customers they're serving," he said.

"The emphasis is on doing things right the first time, and to do that we are enlisting the support of everyone in the department."

Atwood said there must be greater discipline in the process of defense acquisition. "Weapon systems that fail to meet stated objectives cannot be allowed to proceed into the next phase of development."

"We can no longer afford to postpone the tough decisions on new weapons, hoping that problems will eventually be fixed," he emphasized.

He called for program managers to be given more authority over their programs. He wants to free them from the constant requirement to defend their programs to staff agencies and said they should be able to recommend cancellation of their programs without it reflecting on their ability.

"However," said Atwood, "my biggest concern in the entire defense acquisition arena is the adversarial relationship that currently exists between the Department of Defense and industry."

Atwood said this relationship had resulted in a decline in the number of firms willing to do business with DoD—with the number of companies receiving contracts of more \$25,000 declining 67 percent in five years.

"Perhaps the best way to foster a more positive working relationship is to make past performance on defense contracts an important criterion in selec-

ting firms for new contracts," suggested Atwood. "Performance on past contracts deserves appropriate consideration along with cost and technical merit in the source-selection process."

Atwood called on all who work in acquisition to adhere to strict ethical guidelines. He also expressed dismay about the shortage of Americans entering the work force as scientists and engineers, and called for all persons working in the defense industry to make young people aware of the rewards of working to strengthen our nation's defense.

DENTIST from page 8

Judkins. . . After signing it, Bush looked at Judkins and said, "That's not right is it? You're a commander."

During the time Judkins worked in the White House, he always wore civilian clothes. The only time Vice President Bush saw him in uniform was when he first reported in.

Judkins assured the Vice President that it was alright since he would be in the 06 zone (eligible for selection to captain) soon anyway.

Nonetheless, one week later a special delivery package from

the White House arrived at the dentist's home in Maryland. It was a duplicate photograph of the two, with the appropriate title and a nice message of appreciation.

That is the photograph that hangs most prominently on his brag wall.

According to Judkins, this was not an unusual thing for our current president to do. "He's very, very concerned about people. He is people oriented," is how Judkins describes President Bush.

Oak Knoll to host tennis tourney

The Central Pacific Sports Conference Men's Open Single Tennis Championships is scheduled for June 12-16, 1989 at the Naval Hospital, Oakland at 9 a.m.

The tournament will be a double elimination type with the best two out of three sets in effect.

A junior veteran and senior may elect to compete in the Open Division but are limited to one Sports Conference Tournament only.

Team scoring will be on the basis of one point for each match won in the winner bracket and ½ point for each

match won in the losers bracket.

A command may enter a maximum of four single players according to officials of the Central Pacific Sports Conference. They said entries should be listed in order of seed.

Interested commands are requested to forward entries and berthing requests to the Tournament Director, Mr. Ron Brown, Special Services Director, Naval Hospital, Oakland, Calif. 94627. He can also be reached at (415) 633-6013, and autovon 855-6013. Entries must include full name, rank/rate, name of command and should be in no later than June 5, 1989.

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Regional



**By Andrée Maréchal -
Workman**
NORWESTER staff writer

NAVAL MEDICAL COMMAND, Northwest Region — At a time when a debate is raging in the museum world about whether or not fashion is art, Naval Hospital, Oakland's community had a chance to make a personal evaluation.

On the evening of Thursday, May 25th, Oak Knoll's Officers' Club was transformed into a center for high fashion, complete with sophisticated models, a suave announcer, a peerless set designer and a splendid display of the latest in contemporary wear — all of it organized as a benefit for the 1989 Hospital Corps Ball on June 16th.

Master Chief Michael Stewart was the announcer; Senior Chief Quartermaster Michael Denton the set designer; and the models were sailors from the staff of Naval Medical Command, Northwest Region, and friends of Legalman First Class Kent Roberts.

Enterprising promoters

Fashions were provided by Merry Go Round Incorporated, with Mitch Taylor of Southland Mall, and by Susie's Casual with Sharon Richardson of Bayfair Mall. The event was organized by three of the GEOCOM's enterprising promoters: quarterdeck receptionist Catherine Ayala, Petty Officer 2nd Class Tammy Begasse and Legalman First Class Kent Roberts.

"The organization went like clockwork" said Ayala, a model and modeling instructor. "Tammy and Kent were great people to work with. We put in a lot of long hours and hard work and it paid off."

What was perhaps most amazing was the transformation of the participants from sober, conservatively-uniformed Navy personnel into stylish, dashing, flirtatious men and women. For

example, sweet, shyly efficient Seaman Apprentice Christine Campbell was metamorphosed into an elegant siren in tight black leather mini outfits, skimpy swim and gym suits, or the chic Latin American-inspired costume featured in the "Hot Night Disco" scene.

"It was really fun to organize the models and teach them how to walk," Ayala added. "Most of them had never modeled before, and since I used to do this for a living, seeing them come together as they did was a really fantastic feeling."

Regulation haircuts

Fashion design was the order of the day for the event, but design was not confined to stage setting and ready-to-wear. Thanks to the Zazueta "family" (Dan, owner of the Zazueta Hair Company of Castro Valley, his sister Cruz Wheeler, his niece Teri Kearney and hair artist Victor Osnaya), the models were provided with hair styling and make-up coordination for the clothes they wore. Petty Officer 2nd Class Tami Ashmore's long black curly hair was sculpted to echo the line of the near-ankle-length white silk suit she modeled in the "Business Scene."

The many male models were also coiffed, but the styling was not as evident because no amount of creativity could disguise their short, regulation Navy hair cuts. Their transformation was nevertheless just as dramatic, and they were as dapper and alluring as their female counterparts in their exotically casual playwear and elegantly formal wardrobe.

Voluptuous curves

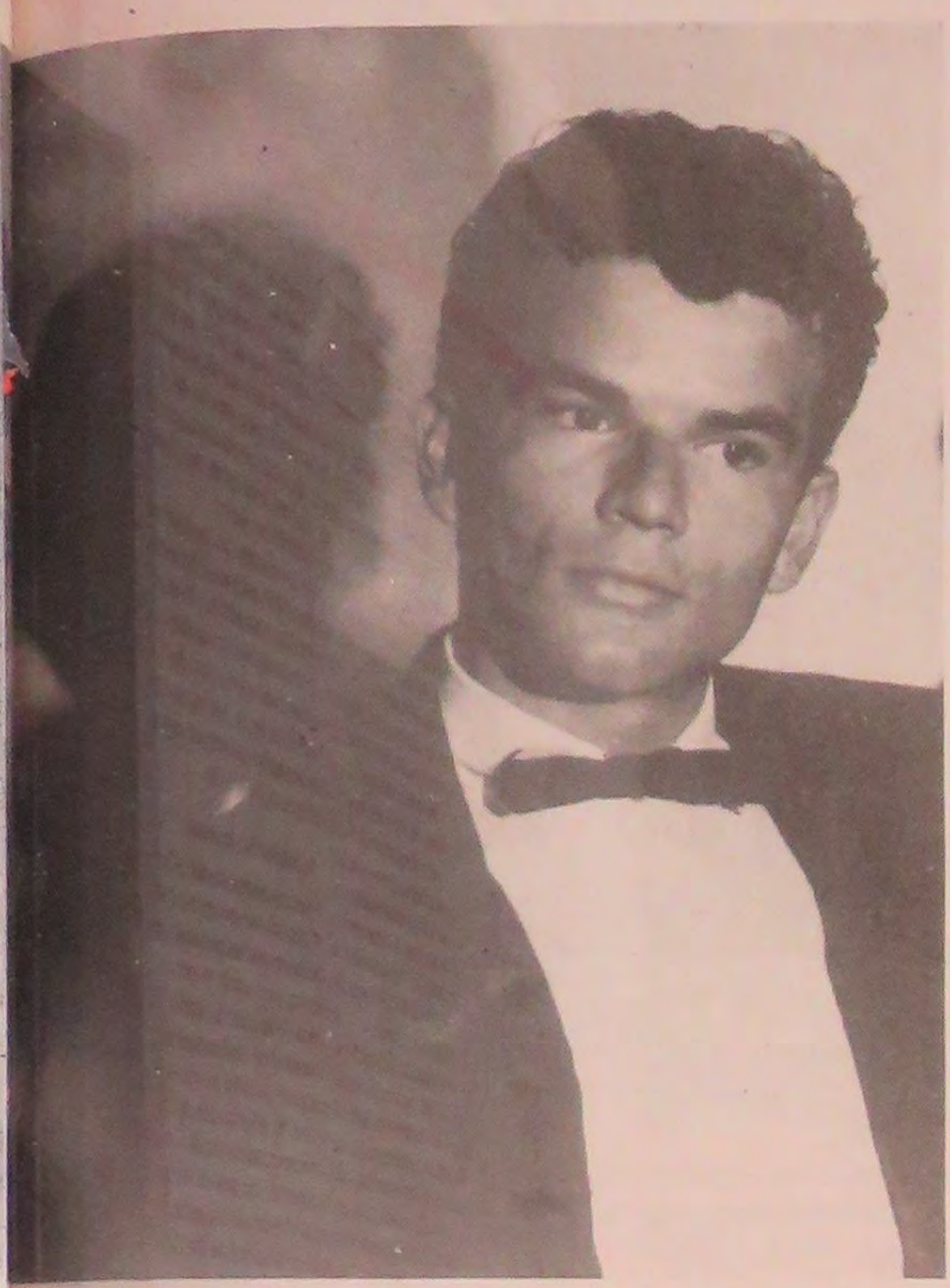
No one seemed to care whether the fashions were art or craft. But everyone was having the time of their lives. Responding with noisy enthusiasm to the presentation (or was it the voluptuous curves and rippling muscles that spiced the reactions?!), the audience

Haute Co



Regional

re, GEOCOM Style



Clockwise: Ms. Catherine Ayala and HM3 Savel Solis model chic but sophisticated evening formal wear; Models show how the right choice of clothes can enhance after working hours fun; HM3 Chris Buzan and SA Christine Campbell look dashing in an ensemble of eye-catching dance wear.

contributed roundly to the occasion.

Before the show opened, Captain Strom, commanding officer of Naval Hospital Oakland, was seen in animated conversation with Master Chief Stewart. During the show, a jubilant Senior Hospital Corpsman Webb, administrative officer of the USNS Mercy, was observed taking photograph after photograph (for the ship's log, no doubt!).

Among the other personalities in attendance were Commander Ernest Ghent, assistant chief of staff for logistics, Naval Medical Command, Northwest Region; Lieutenant Commander Schenker, head of nursing services at Naval Hospital Oakland and her husband, Chief Petty Officer Frederick Schenker, assisted coordinator for nursing services, Naval Hospital Oakland. And let us not forget among the stars of the show: Command Master Chief Stewart whose witty commentaries peppered the introductions and Senior Chief Denton, talented creator of the set design screen used to choreograph each scene.

Based upon the attendance and financial success of the fashion show, the odds are that the Hospital Corps Birthday Ball will mark another milestone in the social history of the Navy in the San Francisco Bay Area.

ENI Kent Roberts (far left) gets ready for a formal evening date; Mr. Mike Gervasoni and a bevy of beauties seem embroiled in an intense business meeting.

Photos by SN Mark Herrington
Lay-out design by J01 Dan Guiam



Reagan's ex-dentist

By Scott E. Kimball,
Chief Journalist

The man who had a hand in President Ronald Reagan's smile now serves aboard the Alameda, Calif.-based aircraft carrier USS Enterprise (CVN 65).

Commander James T. Judkins, is the senior dental officer aboard the Big "E," but before this assignment, he was the 'Dentist to the President of the United States, White House Staff and Camp David personnel.'

For the 15-year-Navy veteran, working on an airman aboard Enterprise, after serving and working for some of the most powerful people in the world, is not a let down. Actually, it is a goal fulfilled—more on that later.

Most of Dr. Judkin's case load of 50 at the White House were active and retired military personnel in addition to the president, first lady and vice president. When asked what was it like being the dentist for such notables as Ronald and Nancy Reagan, Robert McFarland and John Poindexter, Judkins simply smiles and says, "It was nice."

The dental officer admits that one of the most enjoyable parts of the job was getting to know our national leaders on a personal level.

"The president is the same in person as he is on TV," Judkins said. "There was never a time when I treated the president that he didn't have time to tell a joke."

Judkins recalls the time he was treating the president prior to Reagan making a major speech before Congress scheduled at 7:00 p.m. At 6:30 the

commander-in-chief was still in the dental chair and when he was finished, Reagan still took time to chat with Judkins and his assistant. "He never, never seemed to be rushed, it was amazing."

"The president is the same in person as he is on TV. There was never a time when I treated him that he didn't have a time to tell a joke."

Judkins said the only time he felt nervous about treating the president was prior to his first appointment. That nervousness, however, quickly dissipated as soon as the chief executive entered the treatment room.

"He had a relaxed nature and was uncanny at being able to put people at ease," Judkins explains. "I felt more comfortable working on the president than some of the seamen I see here."

The position of president's dentist has been a Navy billet since the Eisenhower administration.

How was Judkins selected for such a prestigious position? The dental officer explained that it was based on a series of recommendations, including the Chief of the Dental Corps, to the White House physician for final decision.

Besides being the president's dentist, Judkins also held the position of Chairman, Military Dentistry Department while assigned to the Naval Dental School, Naval Dental Clinic, Bethesda.

As the president's dentist, Judkins said he was in the White House three to five days a month and was on call 24-hours a day for three-and-a-half years. "I carried a beeper every-

where."

But there were advantages too. "I had a lot of good times there. I got invited to White House Christmas parties and I was able to take my family to Camp David on the 4th of July

and other special occasions."

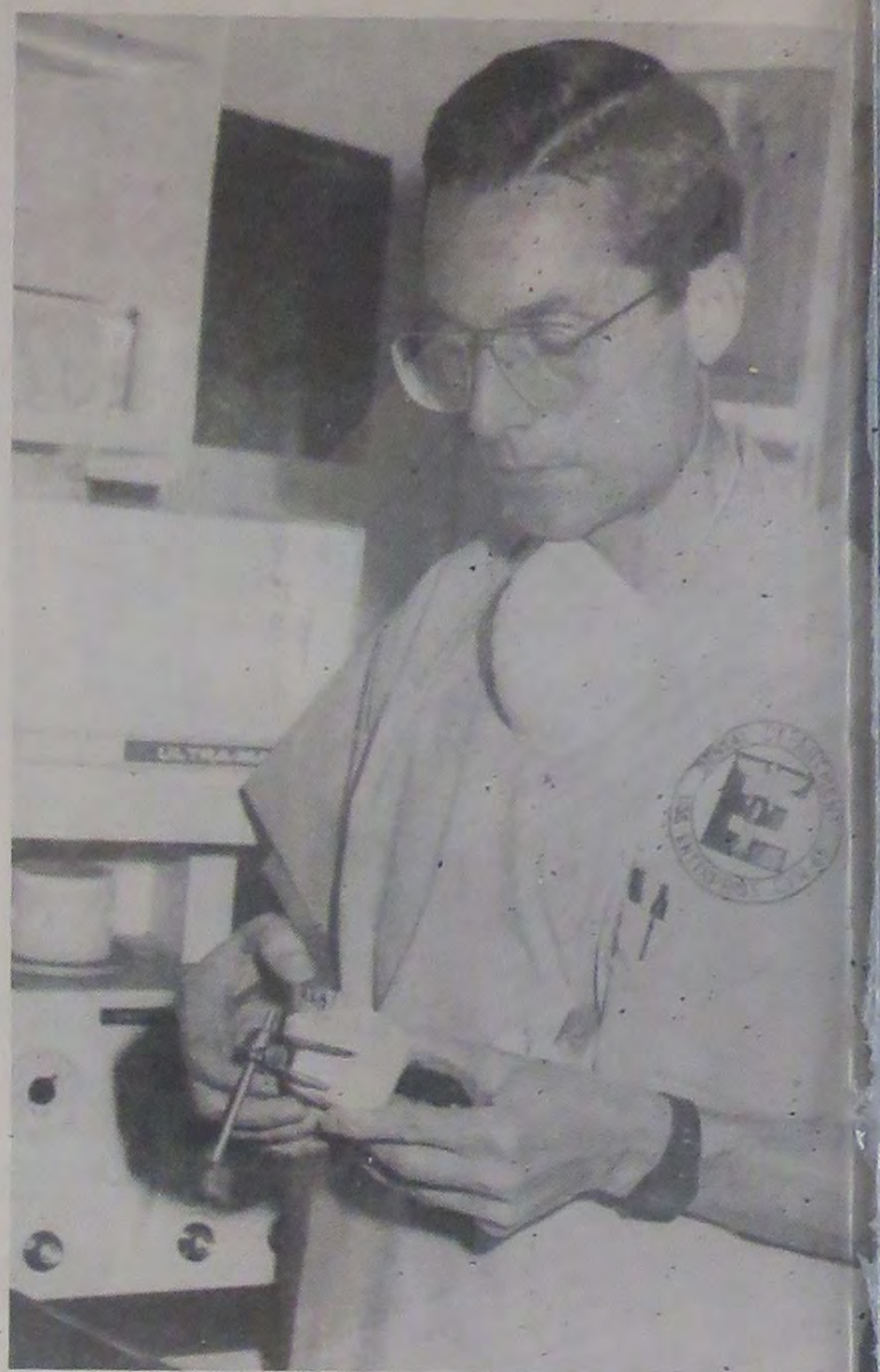
Judkins has many memories from that special duty assignment, but one of his favorite moments came when he was "checking-out" of the White House for duty aboard Enterprise. A memento of it is displayed in his home in Alameda.

Like most career Navy people, Judkins keeps a brag wall. His is kept in the upstairs hallway in his home. There he keeps plaques, photos and other mementos from Adak, Alaska; USS Jason (AR 8); Marine Corps Command and Staff College, Quantico, Va. and other commands he's been stationed during his 15-year Navy career.

However, the most notable of his mementos are two signed photographs from President Reagan and one from Vice President George Bush. The photo most prominently displayed is the one signed by our current commander-in-chief.

The eminence of the photo placement is because of the story behind the George Bush's signature.

The photo with George Bush was taken when he was "reporting aboard" in June, 1985. The signature was affixed after he "checked-out" in September,



CDR Judkins studies a bridge cast model. USS Enterprise has a comprehensive dental facility offering such services as restorative dentistry, oral surgery, endodontics, periodontics (gums) and prosthetics—bridges, crowns and dentures. (U.S. Navy photo PH2 Dale Ranney)

1988.

Judkins was heading for the Big "E," but to be able to take the orders, he had to cut his tour at the White House by six months. That also required President Reagan's blessing which the dental officer requested and received.

George Bush was in the midst

of a presidential campaign when Judkins stopped by the office to say farewell. As busy as he was, the president-to-be took the time to talk with his going dentist and sign a photograph of them together.

Vice President Bush signed the photo "To Captain

See DENTIST page

Impression of a civilian:

It's a whole nother world out there

By Andrée Maréchal -
Workman
NORWESTER staff writer

For a civilian who has never been exposed to military life, going through the gates of Naval Hospital Oakland is like entering a world as alien as the foreign ports visited by the sailors who people the base.

I entered Naval Hospital Oakland at a quarter to seven on January 17th, (oops, that's 0745 on 17 January, right?), to begin work as editorial assistant in the Public Affairs Office, Naval Medical Command, Northwest Region. I had met the public affairs officer, Diane LaMacchia, a few weeks earlier and was looking forward to working for her. At first, despite the flood of papers and forms that needed my signature at Civilian Personnel, I did not feel too out of tune with the outside. However, it was quite another story when I reached the quarter deck. A quarter deck on solid ground and not a ship in sight?! Well, that's what they call the receptionist area, I soon learned. Little did I know that my world was about to make an 180 degree turn.

"It is recommended that you show courtesy and military respect to those members with bars or stars on their lapels and

to those in khaki uniforms with anchors" said J02 Begasse, a petty officer Ms. LaMacchia had asked to introduce me to the command. "Officers should be addressed as sirs and ma'ams and those in khaki should be addressed accordingly—chiefs, senior chiefs and master chiefs" J02 continued.

MASH 4077

Well, so far so good—a lot to remember perhaps but, after all, I had been watching MASH 4077 for years and I was sure I could handle a few bars and stars! The whole thing fell apart, however, when I was explained all the intricacies involved with enlisted personnel designations. According to Begasse, E-3s and below wear on their left arms patches that indicate the rank they are: "E-2s have two slashes, E-3s have three, but when you get to petty officers it is just the opposite: An E-4 has one chevron, while an E-6 has three" said J02 Begasse.

By that time, I was thoroughly bewildered. I was told that I would be introduced to the leading petty officer, the assistant public affairs officer, the supply petty officer and the journalist first class—finding out later that all these people were rolled into one friendly compact package named LPO

Guiam. And that's another thing: An LPO. What's an LPO? To me, it sounded like a subversive middle eastern organization of suspicious origin! I was given a chart showing the insignias of military ranks and cautioned to show great respect for those ranks. I was lectured on Navy acronyms and told about military date and time formats. In short, in less than forty-eight hours, I was given so many peculiar directions about what was expected of me that I started "sirring" everyone, including a woman captain and the seaman in charge of orientation—calling Petty Officer Guiam "chief" and a lieutenant "captain." And, it that was not enough, when I was finally introduced to Command Master Chief Stewart who I had been told is a VIP at GEOCOM, I characterized him as a "nice guy" when he asked me what I had heard about him. Guiam and Begasse had cautioned me to be especially careful when I addressed him, and I was sure he was going to bark or bite my head off for such a breach of etiquette. But, you know what? He is a nice guy. He did not react in any other way than to smile and say "welcome aboard."

But the greatest shock of all was yet to come...when I actually entered the hospital. I had

gone to the hospital for a lesson in word processing and been impressed with the activity there: patients, military personnel, children, mothers pushing strollers, all kinds of people milling in the corridors—an almost perfect mini-universe that lacked only working elevators to be on my "better than Kaiser" list for physical presence. The two-day orientation at the hospital, however, was something else again: Imagine two or three lonely civilians in a sea of uniforms—black, tan, lots of gold braids, lots of starred lapels and lots of red striped sleeves...men, women. At 8:15 a.m., a call to "attention on deck" echoed through the room and the whole assembly stood ramrod straight while a column of uniformed VIPS walked to the front of the room. It was a very impressive sight; I could almost hear one of Souza marches spacing their steps.

Do's and Dont's

Then, we were provided information on the do's and don'ts of Navy life, showed many videos and told what to expect, what not to expect and informed of the whereabouts of all the services we might need. I became alarmed at one point during the proceedings when an instructor showed us the proper

way to do sit-ups and described the requirements of a PRT...running 1½ miles in all that. Come on, I like to exercise and swim as many laps as I can during a given week. But, beat Command Master Chief Stewart's running record. No way! I was almost sure but had to ask: This part for military personnel only, right? And was I relieved to be assured that it was!

Today, five months after passing through those alien gates, Navy life is still strange to me, but not so much. I still wonder about what seem to be bizarre behaviors on the part of some of the Base's inmates—the lone sailor I observed doing morning-standing at attention 8:00 a.m. on a deserted corner. Absolutely no one was about. No officer, no petty officer, no "sea person," no one but myself driving by on my way to work. (Was I relieved to find out later that this was no lunatic I had beheld, but a dedicated sailor paying homage to an unseaworthy flag). Yes, I am adapting to those mysterious acronyms: NWREG, GEOCOM, NAVMED, COM, DOD, POD, no longer sound like out-of-space gibberish. It's a strange world still, but one whose code I know will be able to break with time and patience.

People in the Region

Lt. Padula receives NAM

By R.L. Haworth, LTJG MSC USNR

Rear Admiral Don Shuler, Director of the Medical Service Corp (MSC), recently presented the Navy Achievement Medal (3rd award) to Lieutenant Robert

Padula, MSC, USN Director of Administration at the Naval Hospital, Oak Harbor during an award ceremony for his meritorious service and sustained superior performance. Lt. Padula was recognized for his development and implementa-

tion of productivity assessment standards, and the Command Profile Assessment Program. The productivity assessment standards have allowed the hospital to move in conjunction with the Blue Ribbon Panel Study in order to identify areas that require improvement in the medical care system. The Command Profile Assessment Program identifies areas of issue and concern to all healthcare providers. These organizational studies have allowed the commanding officer of the hospital to identify specific areas for improvement in the healthcare delivery system.

Lt. Padula's experience as a hospital administrator, educator, and facilitator have ensured the implementation of professional initiatives resulting in a hospital environment which now contributes to outstanding morale, appearance, and behavior. His dedication to duty, professionalism, and leadership, says his citation in part, are in keeping with the highest traditions of the Medical Service Corp and the United States Naval Service. Padula, his wife Debbie, and sons Andrew and Matthew live in Oak Harbor.



Admiral Shuler (left) congratulates Lt. Padula on his third NAM.

At Nav Hosp, Oak Harbor

HM3 Healy is Junior 'SOQ'

By LT Lee L. Cornforth

Hospital Corpsman Third Donald Healy, attached to the Optometry Department at the Naval Hospital, Oak Harbor, has been named Junior Sailor of the Quarter. HM3 Healy was selected in part for his high level of clinical competence as ocular technician. Petty Officer Healy acquired his ocular technician skill through persistent hard work in 'on the job' training since his assignment at the hospital in April 1988.

HM3 Healy was also recognized for his outstanding skills in other areas such as patient contact and supply, and as an emergency medicine technician.

HM3 Healy, a native of Casper, Wyoming, joined the Navy in January 1986. He plans to pursue a career in medicine. He will



Branch Hospital Adak Happenings



Clockwise: Lt. Gregory Dyson gets a congratulatory handshake from Lt. Cmdr. Lew W. Tompkins, OIC, Branch Hospital Adak, on his selection as the "Junior Officer of the Quarter; HMZ Walter Burke, the hospital's Sailor of the Quarter; and Mr. Robert Garigen, Civilian Employee of the Quarter.



return to college next year prior to entering medical school.

When asked what advice he would give to other junior corpsmen, Healy said, "Don't be afraid to fail. If you don't try, you won't know if you'll be able to accomplish the task."

Do you know...

The name of the action to reduce the permanent magnetic field of a ship? **Deperming (or degaussing)**

Reel Business

*****'Dead Poets Society'

"Dead Poets Society" stars Robin Williams as John Keating, a charismatic English teacher at a strict boys preparatory school called Welton Academy. Defying school authorities and disapproving parents, Keating encourages his students to pursue their individual passions and to discover the excitement of a world outside the school's curriculum. The teachers at Welton don't go much for Keating's style of teaching. But, a group of seven boys grasp the meaning of Keating's lessons and choose freedom in a society that is

pushing them towards conformity.

"Dead Poets Society" also stars Robert Sean Leonard as Neil Perry, Ethan Hawke as Todd Anderson and Allelon Ruggiero as Steven Meeks. Directed by Peter Weir, this character-drama is produced by Steven Haft, Paul Junger Witt and Tony Thomas, and is written by Tom Schulman.

Distributed by Buena Vista Pictures' Distribution "Dead Poets Society" is rated "PG" and runs 124 minutes.



In his first film since his Academy Award nominated performance in "Good Morning Vietnam," Robin Williams stars as John Keating, a charismatic English professor who stretches the strict curriculum at a traditional prep academy.

NHO celebrates Asian/Pacific Americans Heritage Week

By Andrée Maréchal-Workman
NORWESTER staff writer

NAVAL MEDICAL COMMAND, NORTHWEST REGION — The Navy is a family and we owe to those who do not treat its members with the dignity and respect they deserve. This sentiment was evident during the special recognition ceremony in honor of Asian Pacific Americans held May 10, 1989 at Naval Hospital, Oakland.

Titled Asian/Pacific Americans: Participation-Partnership-Progress, the program marked the 11th declaration by the President of the United States acknowledging individuals who made valuable contributions to the economy, culture and history of America. It is part of Asian-Pacific Heritage Week (May 6-13) observed throughout the Nation's military installations by direction of the Secretary of Defense.

"Such an awareness program is very important because a segment of our population has been discriminated against — namely the Asian Pacific Islanders," said Weldon Miles, deputy, Equal Employment Opportunity coordinator — and, with Mary Smith of Federal Women Program and Petty Officer 2nd Class Monty Martinez — organizer of the event. "This recognition is necessary to bring past discrimination to the attention of those responsible for evaluations of military and civilian employees to make them aware that these individuals have been denied opportunities that others have taken for granted."

During his introductory remarks, Lieutenant Victor Corpuz, MSC, in-patient administra-

tion officer reinforced the significance of the program by reminding the audience that, until approximately three years ago, Asian Americans were not only denied access to high military ranks, but could only find work in food services. Time marches on, however, and with time comes progress.

"Since the Navy has recognized that discrimination hinders progress for all, the situation has changed considerably," Corpuz said.

"Partnership-Participation-Progress is not just a slogan," he added, "it is the Navy's goal."

Cressey H. Nakagawa, the keynote speaker, placed the theme of the awareness program in an historical context. He discussed the meaning of its title, Participation-Partnership-Progress, and cited several landmarks in the achievements of Asian Americans.

One of the most notable was the driving of the "Golden Spike" in 1869 commemorating and celebrating the day when the first transcontinental railroad was connected, linking East and West coasts — a feat that could not have been achieved without the labor of Chinese immigrants. He deplored some of the setbacks encountered in America's goals for progress; for example, the recent and tragic massacre of innocent Vietnamese children in a Stockton Schoolyard. Finally, he expressed hope for a future in which no one will be denied equal opportunity — much less be oppressed for their color or ethnic origin.

A distinguished San Francisco attorney who specializes in civil rights issues, Nakagawa is the National President of the Japanese American Citizens League. He has practiced law in

San Francisco for the past 19 years after graduating from the University of California's Hastings College of Law with a Juris Doctorate. His roster of community service includes such activities as trustee of the College of Notre Dame (Belmont, Calif.), president of the George Miller Youth Fund, director and officer of several private charitable foundations, chair and co-chair of many fundraising organizations, including — among others — Americans for Fairness (Redress) and Advocate for Women (San Francisco).

Progress has indeed been made and, today, Naval Hospital, Oakland is extremely proud to be able to boast of the participation of Captain Roger F. Espiritu, MC; Captain Ben T. Ho, MC; Captain Fang L. H. Lin, MC; Senior Chief Petty Officer Mark H. Kunimitsu; and Chief Petty Officer Warlito D. Cadiente — to name only a few. Among those present at the program and its preceding no-host luncheon and hospital-tour conducted by the command of Naval Hospital, Oakland, Captain C.J. Strom, MC were: Admiral D.M. Lichtman, MC, Commander, San Francisco Medical Command and Naval Medical Command, Northwest Region; Phylis A. Witherspoon, Director, Office of Civilian Personnel Management, Northwest Region; Captain Joan "B" Glass, NC, Director of Nursing Services, Naval Hospital, Oakland; Captain Roger F. Espiritu, Head Primary Care Clinic, Naval Hospital, Oakland; Commander Wayne L. Bouck, CHC, who led the invocation and benediction; and Herbert L. Linderman, Head, Civilian Personnel, Naval Medical Command, Northwest Region.

Money for base closures to Congress

By Jim Garamone
American Forces
Information Service

The Department of Defense has asked Congress for \$1 billion to finance the recommendations of the Base Realignment and Closure Commission.

The commission recommended the realignment or closure of 91 bases last year. If Congress approves the recommendations, then DoD must initiate all closure actions between January 1990 and September 1995. The department will need money to "prime the pump."

Robert A. Stone, deputy assistant secretary of defense for installations, told the House Appropriations Committee that, "for base closures, it takes money to save money."

Stone said the realignments and closures will eventually save DoD \$700 million per year. "This will reduce the department's \$20 billion annual base operation expenditures by about 3.5 percent," he said.

The funds requested will pay the up-front costs associated with the closure and realignments. They will be used to pay for construction to prepare receiving installations for increased mission and mission support. The funds will also be used to pay for the costs of

relocating personnel and equipment.

At bases being closed, the money is needed for shutdown and caretaker costs, as well as costs associated with reductions-in-force and early retirements. In addition, the money will help fund the Homeowner Assistance Program and will assist communities that are losing military bases.

Part of the money may be used for environmental cleanup — those studies are being conducted. The extent of the cleanup effort will decide which fund (the base closure account or the defense environmental account) will be used. Stone does not expect many problems arising from cleanups. "The commission... did not find significant environmental cleanup problems or costs in most instances," he said.

DoD also seeks transfer authority to further fund base closures and realignments. DoD wishes to transfer the frozen military construction funds at bases due to close to the base closure account. Stone said the transfer authority is needed during fiscal 1989 to start the planning process. He asked the committee to include the transfer authority as a part of a supplemental appropriation this spring or summer.

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Suggested Reading—

The May 19th Issue of the Journal of the American Medical Association looks at some aspects of military medicine.

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NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Friday, June 23, 1989

Vol. IV, No. 10A

Oakland, Calif. 94627-5025

Reorganization plan for Navy Medicine

'Oak Knoll' to get new CO

JOI Dan Guiam
NORWESTER Editor

Naval Medical Command, NWR -- Rear Admiral David M. Lichtman, Commander, Naval Medical Command, Northwest Region, will relieve Captain C. Gordon Strom as Commanding Officer of Naval Hospital, Oakland, in a change of command ceremony today at 2 p.m. in front of the hospital's main entrance.

Guest speaker for the time-honored tradition, which formally restates the continuity of command to the officer, men and women at the hospital, will be Rear Admiral John W. Bitoff, Commander, Naval Base San Francisco and Combat Logistics Group One.

Bringing a flag officer back into the teaching hospitals is part of the Chief of Naval Operations' plan to boost support for Graduate Medical Education, based on recommendations of

the Blue Ribbon Panel.

Naval Hospital, Oakland, is not the first hospital to witness such a change, a similar reorganization has already occurred in two of the Navy's major teaching hospitals. The Naval Hospital, National, Capital Region, in Bethesda had its change of command earlier this year while Naval Hospital, San Diego, followed suit last month.

No stranger

Under the reorganization plan for Navy Medicine, Lichtman will retain his position as the Commander for Naval Medical Command, Northwest Region, and San Francisco Medical Command while at the same time assuming command of the naval hospital. In addition, the Admiral assumed command of the Naval Medical Clinics Command, San Francisco, June 19.

Rear Admiral Lichtman is no

stranger to Naval Hospital, Oakland. He has already served three tours of duty there, first in 1969 as a resident in orthopedic surgery. In 1977, he was appointed Chairman of the hospital's Orthopedic Surgery Department, and in 1983, was named Director of Surgical Services.

Rear Admiral Lichtman became Commander of the Northwest Region in January 1988 after a tour of duty at Naval Hospital, Bethesda, Md., where he was Director of Surgical Services.

Governor

Rear Admiral Lichtman was also appointed Professor of Surgery and Division Chief of Orthopedic Surgery at the Uniformed Services University of Health Sciences, Bethesda, a position which he still holds. Furthermore, he became Chairman of the Military Affairs Com-



RADM Lichtman



Capt. Strom

mittee of the American Academy of Orthopedic Surgeons, and is a Governor of the American College of Surgeons.

Capt. Strom served as RADM Lichtman's Chief of Staff at the GEOCOM prior to assuming

command of Naval Hospital, Oakland, in March 1988. He will report to the Exercise UNITAS Commander as the Task Force Medical Officer for his next assignment and will then return to
See NHO page 4

Surgery lab at NHO goes high-tech

By Andree Marechal -
Workman
NORWESTER Staffwriter

NAVAL HOSPITAL OAKLAND, CALIF.—Something new has been added to Naval Hospital, Oakland's (NHO), Division of Cardiology, and the medical

community is the better for it.

On May 31st at 12 noon the Hospital intelligentsia gathered outside a large room in which a monstrous machine stood guard over chattering computer screens and mysterious hi-tech instrument panels straight out of Star Trek: the new catheteri-

zation lab.

According to Commander David Hill, MC, Head, Cardiology Division, the lab had been out of operation since 1985, and the staff is overjoyed with their brand new state-of-the-art workcenter.

"It has taken this long to get

through OPN (Other Projects Navy) and MILCON (Military Construction)," said Hill. "The room was entirely redesigned at a total cost of some \$1.5 million."

Availability of the new lab is very important to the Navy community: the physicians and other providers as well as dependents, retirees and all the patients with potential and known cardiac diseases.

"Prior to this, it was not possible to perform invasive cardiac studies or to implant permanent pacemakers at Naval Hospital, Oakland," Hill added. "We had to go to Letterman to do this type of surgery, and it was expensive if you figure the cost of insurance and transportation for patients and medical staff."

To give an example of the economy involved: CHAMPUS eligible patients whose last resort was a civilian hospital were billed as much as \$5,000 for a study that Naval Hospital, Oakland, can now do for around \$1,000.

But the patients are not the only ones who will benefit from the modernized equipment. The hospital's residency training program will also be greatly enhanced by the addition of this wondrous lab. "We are a teaching hospital," continued Hill. "Now we can offer that kind of training."

Inserting pacemakers and

conducting studies that will help to determine possible hardening of the arteries or diseases of the heart valves are some of the areas in which instruction will be offered within the hospital training program

To mark the occasion, a succulent smorgasbord lunch was provided by the staff. Among those enjoying the fare were Capt. C. Gordon Strom, MC, Commanding Officer, Naval Hospital, Oakland; Capt. Stephen R. Veach, MC, Chief of Medicine and Director of Medical Services, Naval Hospital, Oakland; Capt. Jack W. Bartlett, MSC, Commanding Officer, Naval Hospital, Bremerton, who will be the new Executive Officer at Naval Hospital, Oakland when the change of command takes place on June 23rd.; Capt. Paul D. Barry, MC, GEOCOM Assistant Chief of Staff, Resource and Management who represented Rear Admiral David M. Lichtman; Capt. Thomas C. Crane, Commanding Officer, Public Work Center; Capt. Thomas P. Dresser, Head of Nuclear Medicine and, of course, Cmdr Hill and his staff.

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HM2 Alvin Grant, cardio-pulmonary technician at Naval Hospital, Oakland, monitors the wave forms which indicate the aortic pressure in the EKG, allowing him to evaluate the right and left coronary arteries. (Photo by SN Mark Herrington)

New SecNav states objectives

WASHINGTON, D.C.—Having just assumed the duties of the Secretary of the Navy, I want first and foremost to impress upon you how much I appreciate what your dedication, hard work and sacrifice mean to the nation and to freedom throughout the world.

I began my own service in the Navy twenty-seven years ago as a fireman recruit headed to sub school.

Later, as a naval aviator, as a Navy lawyer, and then as Under Secretary, my understanding grew of how critical a ready and forward deployed Navy is to our country.

I have seen the fruits of your labor, and have forged two great convictions which I bring to my new job.

The first is that this nation's greatness lies not only in its basic commitment to freedom, human dignity and democracy, but also in its ability to protect them for ourselves and for others, and to serve as a beacon for those who do not yet share their blessing.

Capable and ready

To fulfill these great objectives we must be able to act globally. And history demonstrates that our ability to do so is assured only by a capable and ready Navy and Marine Corps deployed forward.

The other unshakable conviction that will drive my actions as Secretary is that real capability and readiness begin with sailors and Marines. The ships and sub-

marines and aircraft that we now have are the finest in the world. You deserve no less. But the critical difference—one which is fundamental to our country's self-confidence and capacity to lead—is the quality of the men and women of the Navy-Marine Corps team. Those in uniform, our civilian employees and our industry partners, have each played a key role in revitalizing our naval capabilities and reordering the international landscape.

Tough challenges

New opportunities abroad and fiscal austerity at home bring with them great challenges for our Navy and Marine Corps. We will surely face demands to cut expenditures and to find new efficiencies throughout the naval establishment.

But we have handled the tough challenges before, and I fully expect the tradition of leadership and innovation that invigorates our ranks to prevail and to preserve the American position as the world's preeminent maritime power.

Preserve Freedom

We enter this period of opportunity not only with this confidence but also with a clearer understanding of priorities. As Secretary of the Navy, I

will endeavor to protect at all costs the men and women of our Navy Department and the programs and benefits which support them that we have fought so hard to put in place.

We must not permit these to erode and thus waste away the quality edge of today's Navy.

It has been said that the highest calling of freedom is to

create and preserve it for others. I believe this. And I believe this is the ideal our nation must continue to embrace. It is a farsighted, forward-looking purpose, and one that demands a strong and ready Navy and Marine Corps.

I look forward to serving with you as together we face both the challenges and the opportunities of the next decade.

— Martial artists against drugs —



HM2 Vince G. Easi (foreground) and SN Bryan A. Malcolm of Naval Hospital, Oakland, demonstrate basic punching skills before a receptive audience at Coronado Elementary School in Richmond. The duo's visit to the school was in conjunction with Martial Arts Against Drugs and Alcohol Program. (Photo by SN Mark Herrington)

Know what to do

Emergency care procedures

By SA Laura L. Martin
NORWESTER Staffwriter

NAVAL MEDICAL COMMAND, NWR — While on leave, you're driving to your parents' house in Wisconsin for Christmas dinner. Suddenly, your car hits a patch of ice on the road and swerves into an oncoming vehicle. The nearest military medical facility is 250 miles away and you need immediate care.

This is a fictional example of an unfortunate chain of events which could cause confusion during a difficult time. Knowing what steps to take in this situation will protect you from unnecessary bills or bad credit.

Can you be treated by a civilian medical facility without being charged for the care you receive? What procedures must you follow to ensure that the Navy will pay the cost of your treatment?

In the case of an emergency, when military care is not available, active duty members may receive medical treatment from any doctor, hospital, or clinic. Emergency care is treatment of a condition requiring immediate care and is 100% payable by the Navy.

Notify the hospital immedi-

ately that you are on active duty in the military. Also, you or your doctor should contact your command and inform them of your condition. In some cases, it may be necessary to transfer you to a military medical facility.

Health advisor

Upon return to your command, go to the Health Benefits Advisor who will supply you with an authorization to pay for treatment (6320/10) form. This form, along with any treatment records, bills, or other documentation of emergency care, should be submitted to the Office of Medical Affairs (OMA) to be evaluated for emergency status and payment. Also, in the event that you pay for your treatment before returning to your command, you may be reimbursed 100% by submitting a standard form (1164) for reimbursement of official business.

"Protecting the Navy member is first priority in any emergency case," said Chief Hospital Corpsman Ron Bishop, Assistant Head, Office of Medical Affairs at the Naval Medical Command, Northwest Region. "So don't be afraid to contact your Health Benefits Advisor."

Happy Birthday Hospital Corps

WASHINGTON, DC—It gives me great pleasure to congratulate all members of the Hospital Corps as you celebrate 91 years of dedicated service to our country, our Navy and Marine Corps team, and our Medical Department.

For all those 91 years, you have given unselfishly to the cause of freedom. Many members of your Corps have made the supreme sacrifice in service to the sick and injured, during war and peace, whether on the sea, under the sea, above the sea, or from the sea. Our military history is replete with these acts of uncommon valor.

The upcoming decade will usher in many exciting challenges. Technologic advances occurring at a rapid rate; many diseases have yet to be conquered; and constrained resources available to accomplish an increasing workload offer appropriate opportunities for you to demonstrate your superb capabilities. As our great nation and our Navy change, so must our Medical Department in order to keep pace in the modern world.

I am confident the Hospital Corps will always remain in the forefront and will overcome all challenges. I am proud of all of you and wish you continued success. Happy 91st birthday. Charlie Golf One.

VADM J.A. ZIMBLE
Surgeon General



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Effective July 1

New weight limits for household goods bared

By Master Sgt. Mary A. Peterson, USA
American Forces Information Service

New weight allowances for household goods take effect July 1, increasing the authorizations for most service members making permanent-change-of-station moves. The new allowances are based on the member's dependency status as well as the member's rank.

"Except for junior enlisted members, there had been no major increases in weight allowances since 1966," said Nina Chandler, program project officer at DoD's Per Diem, Travel and Transportation Committee. "The all-volunteer force structure since then has changed considerably. There are many more married members with families, the average grade is higher, and the average age is higher. Hence, the members have accumulated more personal belongings."

"Service officials randomly samples records of overweight shipments and determined that most were members with dependents," Chandler said.

Although the start up date of the policy is July 1, members

who have their household goods picked up before then may be eligible for the higher allowances.

"There are two rules to follow for people moving this summer," Chandler said:

- No. 1—the service member's effective date of orders—as defined in the Joint Federal Travel Regulation—must be on or after July 1.

- No. 2—a segment of the household goods shipment must occur on or after July 1.

For example: Household goods are packed and picked up on June 15. The delivery date for the shipment is July 3. The service member's effective date of orders is July 1. That member would be given the new weight allowance.

The new weight limits are the maximum the service members can move at government expense. They do not necessarily mean a member can move that much to the new duty station. "There are command restrictions and in some overseas areas," Chandler said, "and the gaining command should provide information on weight allowance restrictions as well as what government furniture and appliances are available to offset them." If members have questions, Chandler recommended they contact their gaining command on what items are available.

Plus, she added, people need to remember that the maximum household goods allowances include the combined weight of all separate shipments. Items placed in storage and those

New Household Goods Weight Limits

Grade	Old	New Without Dependents	New With Dependents
O-6 to O-10	13,500	18,000	18,000
O-5	13,000	16,000	17,500
O-4, W-4	12,000	14,000	17,000
O-3, W-3	11,000	13,000	14,500
O-2, W-2	10,000	12,500	13,500
O-1, W-1	9,500	10,000	12,000
E-9	9,500	12,000	14,500
E-8	9,000	11,000	13,500
E-7	8,500	10,500	12,500
E-6	8,000	8,000	11,000
E-5	7,000	7,000	9,000
E-4 over 2	7,000	7,000	8,000
E-4 under 2	1,500	3,500	7,000
E-3	1,500	2,000	5,000
E-2	1,500	1,500	5,000
E-1	1,500	1,500	5,000

Fil-Am pitches in for Corps ball

NAVAL HOSPITAL, OAKLAND—The Filipino-American Organization at Oak Knoll better known as Fil-Am, recently held a fund-raising campaign in support of the 1989 Hospital Corps birthday ball celebration in the Bay Area.

Under the leadership of Captain Roger Espiritu, Head of the Primary Care Clinic and Depart-

ment Head, Emergency Care Services at Naval Hospital, Oakland, the community service-oriented club pampered the gastronomical delight of compound personnel with its sizzling "lumpia" and marinated barbecue in an outdoor lunchtime treat.

For the uninitiated, "lumpia" is the Filipino version of the

Chinese egg roll or Mexican burrito.

"We want to make this year's Hospital Corps birthday ball a big success—something to look forward to and remember in the years to come," said Capt. Espiritu, the senior member of the club. "It's good for everyone's morale at the hospital."

Self-help

"This fund raising is in line with the hospital CO's policy of self help," he continued. "But it's not merely a fund raising in its essence. It's also a good training ground for the younger members of the organization on leadership and supervision. There's a whole lot of planning and organizing involved in a seemingly simple project like this which could eventually help them become good leaders."

Capt. Espiritu conceived the project, while Senior Chief Mess Management Specialist Norm Viray and Chief Mess Management Specialist Bernie Bernardino coordinated the logistics to make things happen.

The "cook-out" is the club's second enterprising venture in its effort to raise money for the Hospital Corps birthday ball. Fil-Am netted \$278 for its first cook-out.

(Above photo) Fil-Am members find selling lumpia a very lucrative business. The sizzling delicacy was a hit among lovers of good food. (Below photo, left to right) Chief Disbursing Clerk Danny Danga, Chief Mess Management Specialist Bernie Bernardino and Chief Aviation Boatswain's Mate (Fuel) Red Infante take a break from their busy schedule to lend a hand in the fundraising effort. (Photos by JO1 Dan Guiam)



shipped to the new duty station in unaccompanied baggage are part of the maximum weight allowance.

"Congress did not appropriate funds for the increases when it approved the weight limits in the fiscal 1989 Defense Authorization Act," Chandler said. "Therefore, each service

will be paying for the increases from its existing budget." Defense officials expect the weight increases to add \$31.3 million to the fiscal 1989 fourth-quarter shipment costs. They expect fiscal 1990 costs to increase by \$123.9 million.

NAVY NEWS BRIEFS

Iowa Investigation

Washington -- Despite continuing speculative media reports concerning purported aspects of the USS Iowa (BB 61) accident, the Navy's investigation has not been completed. For this reason, it is not possible for those in authority to discuss specific aspects of the investigation at this time.

The Navy is going to great lengths to ensure that all aspects of the accident are examined as carefully as possible. The Department of Defense acknowledged that the Federal Bureau of Investigation was brought into the investigation shortly after the accident to provide forensic assistance and to work with the Naval Investigative Service to cover all possible causes.

Press reports of possible contributive action by a member of the Iowa crew are speculative. The Navy has not discussed the investigation publicly, and such reports merely reflect a determination by the Naval Investigative Service to explore every aspect of the accident for possible causes. While the possibility of human involvement is being carefully pursued, no charges have been made and it is not appropriate to comment or speculate about the investigation until it is completed.

The Navy recognizes with regret the additional anguish press reports from some unidentified sources have placed on the families of deceased Iowa shipmates as well as the crew itself. We wish to assure these families that the Navy remains committed to a thorough and complete investigation and hopes the responsible public understands the need for discretion until all the factors can be gathered and evaluated.

Two Ships Sent to Relieve in Valdez

San Diego (NNS) -- Two amphibious ships left their California homeports to relieve U.S. Navy ships in Valdez, Alaska. USS Cleveland (LPD 7) left San Diego May 25 and USS Mount Vernon (LPD 39) left Long Beach June 3 to support the oil spill clean-up in Prince William Sound.

Cleveland arrived in the area May 31 to relieve USS Juneau (LPD 10). Mount Vernon should be in Valdez by June 9 to take over for USS Fort McHenry (LPD 43).

USS Juneau has been in Alaskan waters since April 24 while Fort McHenry has been in the area since May 5. Juneau was recently awarded the Coast Guard special operations service ribbon for its contribution to the clean-up.

The ships are command and control platforms for the Navy's clean-up support by serving as helicopter pads and bases for small boats as well as housing civilian clean-up workers.

Cleveland, commanded by Captain Richard S. Cloward, is an amphibious transport dock ship with a crew of 430 sailors and accommodations for up to 900 embarked troops. Mount Vernon, commanded by Commander David E. Meyers, is a dock landing ship with a crew of 397 sailors and the capacity to embark 376 additional troops.

Still Time to Apply for GI Bill

Washington (NNS) -- Sailors have until June 30, 1989 to apply for the Montgomery G.I. Bill (MGIB) for educational expenses. Services members who did not originally sign up for the bill were given a second chance to take advantage of this education benefit which guarantees you \$10,800.00 for college.

By having your monthly pay reduced by \$100 for 12 months you will receive \$300 per month for 36 months when you enroll full time in college or graduate school. You can use these college funds once you have completed two years of active duty and up to ten years after you leave the service.

This is your last chance to apply to excellent benefits for the GI Bill. For more information, contact your educational services officer or call (commercial) 202-694-5934 or (autovon) 224-5934.

Naval War College Offers Non-Resident Courses

Newport, R.I. (NNS) -- The Naval War College (NWC) will offer graduate courses this fall to officers (O-3 and above) and senior civilian employees (GS-11 and up) at locations all over the country. "Strategy and Policy," "National Security Decision Making," and "Joint Maritime Operations" classes are scheduled.

Beginning September 4, 1989, night seminars will be offered in Newport, R.I.; Warminster, Pa.; Washington, D.C.; White Oak, Md.; Annapolis, Md.; Patuxent River, Md.; Dahlgren, Va.; Norfolk, Va.; Pensacola, Fla.; New Orleans, La.; Corpus Christi, Texas; San Diego, Calif.; San Francisco, Calif.; and Seattle, Wash.

Applications will be accepted through July 1989. For more information contact NWC's College of Continuing Education, commercial (401) 841-2135 or Autovon 948-2135.

Enlisted Detailers To Visit Bay Area

Enlisted detailers will be in Alameda, Moffett, and Bay Area July 1-5 and will have in hand the manning control authorities, personnel requisitions and will be able to make on the spot reenlistment assignments/commitments to those who are eligible and recommended by their command. The resultant transfers will not occur prior to PRD/EAOS unless the parent command is agreeable to earlier transfer.

All ratings except the MU (Musician) and nuclear NEC's will be represented. Detailers may represent several ratings and will be prepared to talk with all members of those ratings. Priority will be given to those who will be in the assignment window. However, everyone is encouraged to see their detailer.

For the HM and DT ratings, the following is the scheduled itinerary of your respective detailers:

DTCM Lancaster	July 3	8:30 - 11:30 a.m. NAS Moffett Branch Dental Clinic 1:30 - 4:30 p.m. Naval Hospital, Oakland
	July 5	8:00 - 11:30 a.m. Naval Station Treasure Island Dental Clinic 1:00 - 4:30 p.m. NAS Alameda Dental Clinic
HMCS Herbert	July 3	8:30 - 11:30 a.m. NAS Moffett Branch Clinic 1:30 - 4:30 p.m. Naval Hospital, Oakland
	July 5	8:00 - 11:30 a.m. Naval Hospital, Oakland 1:00 - 2:30 USS Carl Vinson (CVN-70) 3:00 - 4:30 p.m. USS Enterprise (CVN-65)
HMC Pampuro	July 3	8:00 - 4:30 p.m. Naval Hospital, Oakland
	July 5	8:30 - 11:00 a.m. Naval Station Treasure Is. Branch Medical Clinic 1:00 - 3:00 p.m. NAS Mare Is. Branch Medical Clinic
HMI Collins	July 3	8:00 - 4:30 p.m. Naval Hospital, Oakland
	July 5	8:00 - 4:30 p.m. NAS Alameda Branch Medical Clinic

All enlisted personnel desiring to schedule an appointment with their detailer must contact your command career counselor.

Direct deposit is the way to go

NAVY NEWS SERVICE (NNS) WASHINGTON, D.C.—More and more sailors have discovered that having their paychecks deposited directly into their bank accounts saves them time and aggravation. They don't worry about long lines at banks or storing large sums of cash in their lockers.

Direct deposit sends your net pay to the financial institution of your choice twice a month. From there, most financial institutions will redistribute your money any way you specify. You can designate funds to go to any combination of savings, checking or loan accounts.

Direct deposit sends money to your account whether you are in port, at sea, ashore, or overseas. Your money is available at the start of business on payday and will start to earn in-

terest immediately if deposited in an interest bearing account. Deployed sailors can have the security of knowing that their families at home will have money coming in no matter where there ship is.

The Armed Forces Financial Network (sponsored by DOD) has over 1600 automated teller machines (ATM) at military bases in CONUS and Hawaii that members of participating financial institutions can use. By the end of 1989 military bases all over the world are scheduled to have ATM's that will be linked to worldwide networks allowing you access to your account. Obtaining cash anywhere in the world is as "close" as the nearest ATM.

Modern banking allows flexibility and customer convenience while providing

state-of-the-art methods of managing your financial conveniences that are part of modern banking. Give some serious consideration to enrolling in the direct deposit system and contact your financial institution for information on the specific services it provides.

The Navy is looking into direct deposit as a way of life for everyone in the service. A proposal is under consideration to make DDS mandatory for all sailors stationed ashore in CONUS. Additional information on this proposal will be promulgated at a later date.

Required or not the Direct Deposit System is a benefit that allows for flexibility and convenience no matter where you are stationed. For more information on direct deposit contact your disbursing officer.

New health screening procedures announced

NAVY NEWS SERVICE (NNS) WASHINGTON, D.C.—The Navy will soon change physical examination requirements with an eye toward improving health care for all sailors, Marines and their families.

A study by the Naval Medical Command has shown that younger sailors have few serious medical problems and do not require the current schedule of routine physical examinations. The Navy has revised its examination schedule by reducing the frequency for those of less risk of serious medical problems therefore allowing more time for medical treatment for servicemen and their families.

The revised schedule is as follows:

- 17-24 year old, one exami-

nation

- 25-49 years old, every five years within 30 days of birth date, beginning at age 25.
- 50-59 years old, every two years within 30 days of birth
- 60 and older, annually within 30 days of birth date.

Anyone assigned to flying duty will continue to receive annual physical exams and members involved in special duties or circumstances requiring more physical exams are subject to applicable current directives.

The health screening process includes:

- Complete physical exam and, after age 25, cholesterol testing and electrocardiogram (EKG)
- Blood pressure checks and health questionnaire during annual dental exams
- Risk factor screening questionnaire prior to semi-annual physical readiness test, except for Marines
- Annual pap smear, pelvic examination and annual breast examination for all females
- Screening mammography for females at ages 35, 40, 43,

46 and 49, and annually beginning at age 50.

- Annual test for occult blood in stool after age 35.
- Tonometry (glaucoma screen) every two years after age 40.

Any adverse or abnormal findings will be documented in your health record and, if necessary, prompt referral will be initiated.

Potpourri

The scheduled visit of the Master Chief of the Navy to Naval Hospital, Oakland, on June 26 and 27 and all related functions have been cancelled.

All hands are invited to the graduation of interns at Naval Hospital, Oakland, on June 30 at 2 p.m. in the Clinical Assembly.

Got a story idea or you want to see your article published in the NorWester? Call the region's PAO at 415-633-5816. We'll make you a star!

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He first reported to NHO in 1972 as a member of the staff, Department of Otolaryngology and Maxillofacial Surgery. In September 1978 he was named Chairman, Department of Otolaryngology — Head and Neck Surgery. While at Oak Knoll, Capt. Strom took pride in teaching and directly contributed to the development of physicians who are now practicing and teaching the otolaryngology specialty in naval hospitals worldwide.

The Commanding Officer of Naval Hospital, Oakland, is responsible for overseeing all medical activities associated with the thriving nine-story medical treatment facility. The hospital provides care to patients from the local community and those on a referral basis from branch clinics encompassing a 10,000-square mile area of northern California and Western Nevada. In addition, fleet support is satisfied daily as the hospital treats crewmembers of ships homeported in the San Francisco Bay area.

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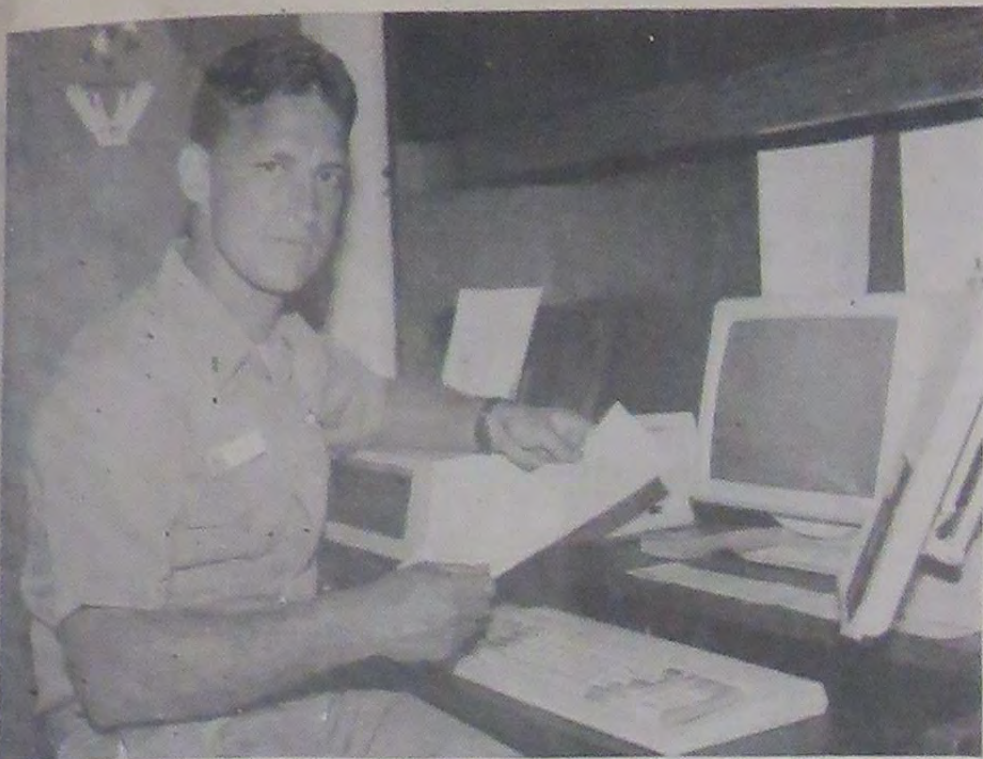
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"O ship me over to the blue yonder..."

LTJG Haworth awarded NAM

By LTJG Lee L. Conforth
Naval Hospital, Oak Harbor

NAVAL HOSPITAL, OAK HARBOR—Lieutenant Junior Grade Richard Haworth, MSC, has been awarded the Navy Achievement Medal for his work as Contracting Officer Technical Representative (COTR) at Naval Hospital, Oak Harbor. Haworth was cited for his superior administrative skills in bringing the Navy's first Emergency Medical Ambulatory Care (EPMAC) contract into full operation.

Haworth helped the Navy save \$147,000 by developing a comprehensive performance monitoring system, ensuring efficient operation of the health care services contract. This \$1.2 million annual contract provides a civilian medical staff of about 33 for the emergency room and ambulatory care clinic. The Navy now has 18 operational EMAC contracts nationwide modeled after the successful EMAC contract at the Naval Hospital, Oak Harbor.

Haworth came to Oak Harbor

in April 1988. He holds an MBA degree from Southwestern Texas State University and has six years prior service as an Air Force laboratory technician. He has also held an assistant health care administration position at the Ellsworth County Kansas Veterans Memorial Hospital.

Haworth now works in the Quality Assurance Department and is the naval hospital public affairs officer.

Problem solver receives MSM

By LTJG R. L. HAWORTH
Public Affairs Officer
Naval Hospital Oak Harbor

NAVAL HOSPITAL, OAK HARBOR—Commander Catherine Tate, NC, has been awarded the Meritorious Service Medal for outstanding meritorious service while serving as the Nursing Facilities Design Coordinator, Medical Construction Liaison Office, Naval Medical Command, Southwest Region, San Diego, California, from October 1982 through June 1988.

Tate was instrumental in that command's acquisition and installation of an \$8 million Physiological Monitoring/Patient Data Management System, Nurse Call system, and the relocation of critical care functions without interruption.

Tate is known for her positive approach to problem solving and good judgement. She currently serves as Head of Inpatient Nursing at the Naval Hospital, Oak Harbor, and resides in Oak Harbor.



HMC 'C' school detailer visits Bremerton

NAVAL HOSPITAL, BREMER-
TON—Naval Hospital, Bremerton recently hosted Chief Hospital Corpsman D. Tilley, the HM "C" School detailer responsible for filling all of the HM "C" schools with qualified personnel.

The visit was an excellent opportunity for the hospital per-

sonnel to sit down and talk to the person who would later be approving the package that would send them to "C" school.

During Tilley's visit, he assisted 31 persons with "C" school requests. Tilley approved 11 requests on the spot, and said another seven would be approved when submitted.

For 1989 there were 34 "C" schools that Hospital Corpsmen could attend with a total of 2,590 seats available. The majority of these schools will meet their quotas, but there is still a need for qualified personnel for Basic Laboratory Technician (HM-8501) and Pharmacy Technician (HM-8482).



MSC Renato D. Bernardino, GEOCOM's Command Career Counselor, is all smiles as he extends for two more years in the Navy to complete a 20-year naval career.

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Mammography saves lives at Lemoore

By Diane LaMacchia
Public Affairs Officer,
Northwest Region

NAVAL HOSPITAL, LEMOORE
—It only takes five minutes to do the whole exam, and it can save your life.

Since mammography became available at Naval Hospital, Lemoore, in April, more than 300 women have had their breasts screened for cancer there. Radiologist Commander Kevin G. Harvey, MC, United States Naval Reserve, diagnosed a malignancy in the breast of one of those patients and referred her for surgery. The cancer was removed.

"Breast cancer is the number two killer for females," Dr. Harvey said. "Mammography gives us an extra modality for screening."

Women who used to have to wait two or even three months to get an appointment at one of the larger hospitals are now examined within five days. At

Lemoore, the five days is the maximum wait for someone who is a high risk patient or feels a mass in her breast and is referred by her health care provider.

"They all are pretty thankful that it's here instead of going up to Oakland or Castle Air Force Base 90 miles away," said Hospital Corpsman Third Class, Mardi Estes, 23, the x-ray technician who performs the exams.

"The exam goes real quick," Estes said. "It's not real hard, and it's nice to talk to the ladies. They have interesting stories."

Linda Mello, a civilian management assistant in Naval Hospital Lemoore's quality assurance department, tested out the equipment for Dr. Harvey at the end of March before the program officially began.

"At first it was scary," Mello said. "The thought of having your breasts squeezed and fear of pain and what they'd find. But once it got going it was fine. The technician explained every-

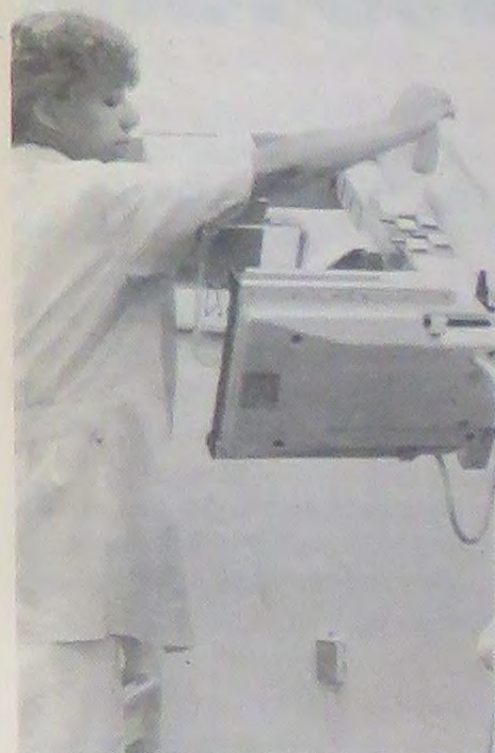
thing and put me at ease."

Mello had never had a mammogram before, and at age 38, she knew it was time she did. A baseline exam, involving four views of the breasts—two on each side—is recommended for every woman at age 35, earlier if risk factors are present. If no problem shows up, a mammogram every two years after that should suffice. After age 50, in-

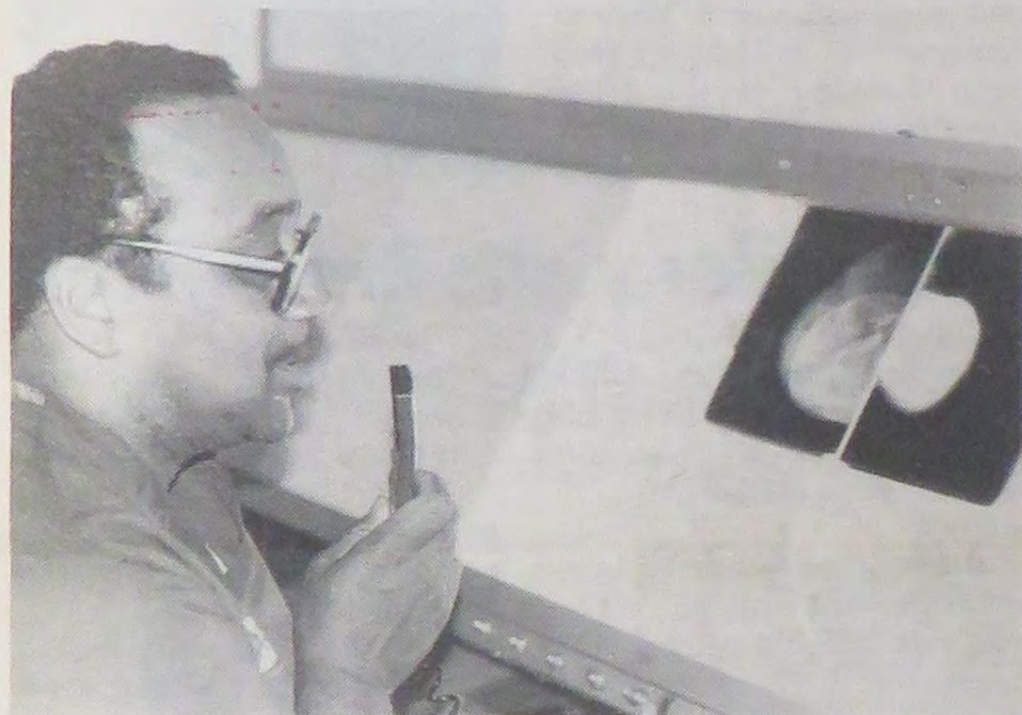
creasing frequency of the exam to once a year is recommended.

Mello was relieved when Dr. Harvey did not find anything abnormal in her breasts. And she found the exam was not painful.

"It was mildly uncomfortable," Mello added. "If you have the right person doing it, it doesn't hurt at all."

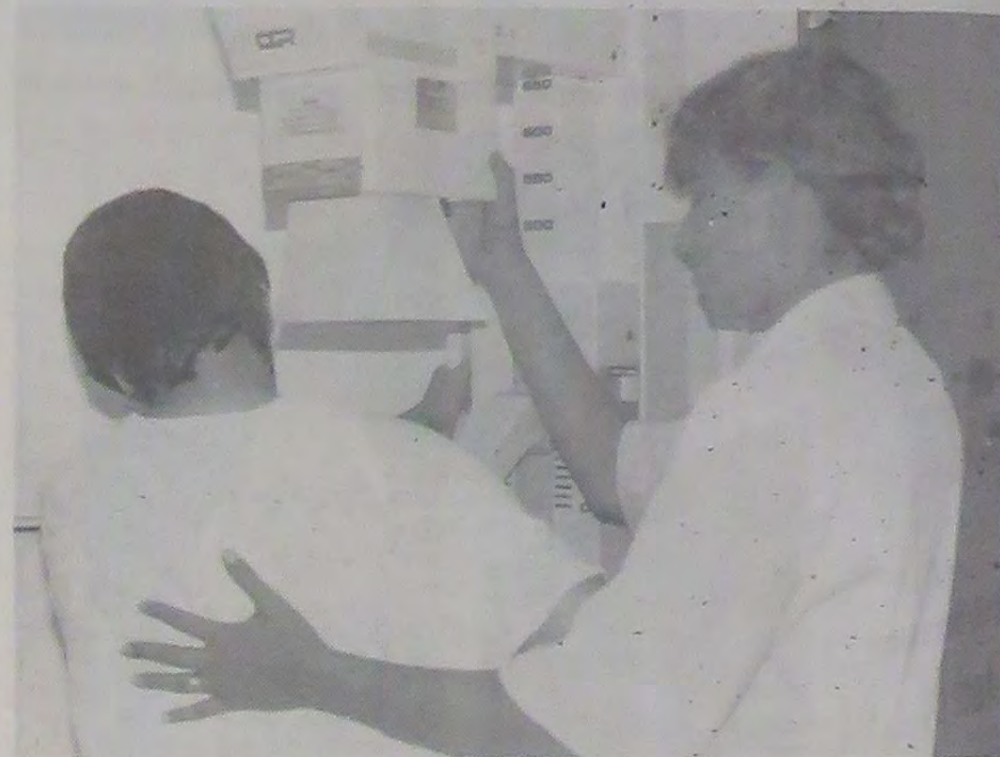


X-ray technician HM3 Mardi Estes demonstrates the range of her mammography equipment. (Photo by Diane LaMacchia)



(Left photo) CDR Harvey studies a film of a patient who was screened for breast cancer. The film shows the patient's bilateral breast implants. According to him, mammography is the best way to detect cancer in a patient with a breast implant because a clinical exam may not be able to distinguish the implant from an abnormality.

(Right photo) Estes and Mello demonstrate a typical mammography examination. The procedure takes only a few minutes. (Photos by Diane LaMacchia)



Chaplain's Corner

WHO ARE YOU?

Chaplain Karla M. Seyb-Stockton
Naval Hospital, Oakland

Who are you? Do you know? What are your identifying characteristics? How could you describe yourself to someone so they would know for sure which one, in a crowd, was you? Usually in describing ourselves, we start with our looks. Our physical bodies are one distinguishing set of characteristics. And yet, despite the uniqueness of our bodies, they cannot give an accurate description of the total "you." There is more to it than that.

Each of us is always IN THE PROCESS of becoming who we are. "Who we are" is a conglomeration of all our past experiences, the attitudes and values we have learned over time, and the goals we have set for ourselves. Our past experiences continue to have impact on us, for good or ill. We can never change the facts of our past experiences, but we can change how they affect us.

Events have no positive or negative value by themselves, they are totally neutral. Whether we understand an event as a positive or negative experience depends on the circumstances and our values or expectations regarding those circumstances.

Do you have experiences from your past that drag you down? That prevent you from achieving your fullest potential? You can rise above those past experiences, but it takes a LOT of hard work. There is no easy way to get there except to dive right in. Even though there is no easy way, there is a way, and that way can be found if you take the following steps.

1. Admit to yourself that your life is not as you'd like it to be, and identify what is holding you back. (I'm not talking about future goals here, but present day realities!)
2. Forgive yourself and others for the failings and faults that have hurt you in the past.
3. Identify your areas of strength. These you can put to good use. Don't forget that the power of God is the power to change lives: God is the source of your strength.
4. Set goals with reasonable time-tables for their accomplishment. Enlist the help of someone you trust and respect if you don't know what's reasonable.
5. Dedicate your life to making the most of each day and the opportunities it will present to you... for serving others, for growing and learning, for being somebody special despite your past.

Using these steps, the process of becoming "Who you are" will be an exciting and fulfilling journey. Remember; these steps do not prevent difficult or distressing things from happening to you, but they do prevent these things from becoming disasters. The fact is, these five steps help you turn difficulty into opportunity and opportunity into success. Then you can answer the question "Who are you?" with pride and dignity. You are someone special.

Good car wash, anyone?

(Above photo) Lt. Cmdr. Patricia L. Buss, a plastic surgeon, and Lt. Kim A. Mynheir, a dietitian, at Naval Hospital, Oakland, are overjoyed to count the day's earnings in their effort to help the Navy Relief Society. (Below photo) Mess Management Specialist Second Alan J. Ramirez (right) and Hospital Corpsman Third Dean L. Carman both assigned at NHO, promise motorists with a good car wash as indicated by their signs. The fundraisers for Navy Relief at NHO have exceeded the \$10,000 goal. Total money raised for the week ending June 9 amounted to over \$11,000. (Photos by SN Herrington)





At Naval Hospital, Bremerton Navy nurse feted by local retired officers group

NAVAL HOSPITAL, BREMER-
TON—Camping, spelunking
and Navy nursing! How do
these fit together?
They are all "loves" of Lieut-
enant Josephine Mustelie, 27,
Navy nurse assigned to Naval
Hospital, Bremerton, who was
recently recognized by the local
Retired Officers' Association for
her outstanding professional per-
formance in conjunction with
the Armed Forces Day cele-
bration.

"What sold me on the Navy
was the atmosphere of every-
body working together toward
one purpose. I really feel like
I've done something at the end
of the day... especially when
we have children here," Mustelie
said, gesturing around her at the
combined adult/pediatric ward
where she spends nine hours a
day as staff nurse before tack-
ling administrative and collat-
eral duties.

Comparing Navy nursing to

the civilian profession, Mustelie
said, "The experience I had
in civilian nursing was working
in a nursing home as an aid
while going through nursing
school. I worked five or six
different hospitals during the
week.

"It's a totally different
world," she continued. "No-
body was really responsible, no-
body was really in charge, and
nobody worked with anybody
else. The prevailing attitude was
'It's not my job.'"

On graduation from the
University of Maryland, the

Navy was an automatic option
for the ex-Marine Corps brat,"
who accepted her commission
four years ago.

Unlike their civilian counter-
parts, Navy nurses do not prac-
tice primary nursing—being
responsible for the total care of
patients. Additionally, civilian
nurses no longer work odd
hours. These two facts contrib-
ute significantly to the number
of nurses leaving naval service
according to Mustelie.

"I think it's a shame," she
said.

Mustelie lists camping and

spelunking (cave exploration)
among her hobbies; the latter a
passion she shares with her hus-
band Lieutenant Roy Mustelie,
Assistant Training Officer at
Commander, Submarine Group
Nine.

"But looking a little further
ahead, I'd like to go to Ports-
mouth," Mustelie said. "How-
ever with my husband in the
Navy too, that might be a little
more difficult than usual.

"I plan on staying in the
Navy... and in Navy nursing."



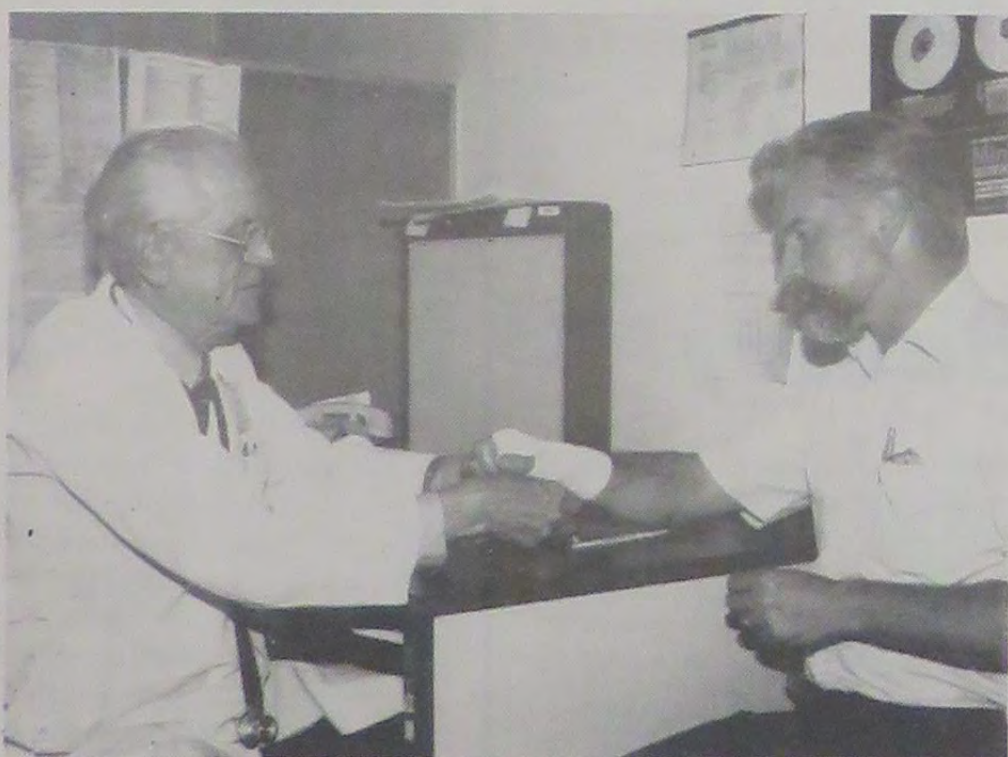
Salute to a tireless doctor

JO2 Steve Moos

NAVAL AIR STATION,
ALAMEDA—As we honor those
who serve to defend the consti-
tution and protect our
democratic society, it is ap-
propriate to spotlight a man
who epitomizes excellence in
military service during its finest
years. His name is Dr. Anton Zik-
mund, a 79-year old civil serv-
ice occupational medicine
physician at NAS Alameda's
South Medical Clinic.

Illustrious career

Zikmund's military career,
beginning as a medical corps
officer from 1935 to 1955, reads
like a book of who's who of
military and political figures.
During his first tour of duty
with the 4th Regiment Marines
in Shanghai, China, the young
medical officer met "Chesty"
Puller, one of the most decorated
Marines of WWII. "He had
many decorations, the fruit
of which wouldn't fit on his chest,"
said the doctor. "He was very
proud—the Marines ideal of a
tough and tough guy."
The highlight of his 20 years
in service, according to Zik-
mund, was his position as chief
of medicine at Bethesda Hospi-
tal in Maryland. His patients in-
cluded political figures,
Supreme Court justices and
the Secretary of State, Cor-
nellius B. Hall. During this time he



Dr. Anton Zikmund secures a bandage to his patient at occupational
medical clinic. (Photo by JO2 Steve Moos)

"The motivation to do some good in this world is what keeps me going."

met world-renowned South
Pole explorer, Admiral Richard
Byrd, who promised to name an
island after the good doctor.

"He was quite a feisty guy. Ad-
miral Byrd was trying to get
public funding for another ex-
pedition to the South Pole when
he came down with pneumonia.
I was treating him at the time,"
explained Zikmund. "He told
me later, as I made this quite
public, that he had a bad heart
and that he didn't want any-
body to know this or he

couldn't get funding to go to the
South Pole. I kept two sets of
records; one that didn't men-
tion his heart at all, so the press
wouldn't get this information.

"His final comments to me
were that he wouldn't forget my
kindness, and that he would
name an island after me."

By coincidence, Zikmund
caught up with his old friend
Chesty Puller during his tour at
Bethesda. It was an unpleasant
reunion for both, however. Be-
cause of his physical degenera-

tion, Puller was ordered before
a retiring board Zikmund head-
ed at Bethesda. "I was literally
his hatchet man," Zikmund
said, "and here we were good
friends. I hated to see him leave
the Marine Corps. He could
have been Commandant, he was
that famous."

WWII tableau

In 1950, during a tour of duty
at Naval Hospital Oakland, Zik-
mund was personal physician to
Admiral Chester Nimitz who
had retired and was living in
Berkeley. "We became close
friends. He invited me to dinner
on many occasions," Zikmund
said.

Zikmund is the recipient of
five combat stars. During the
Japanese attack on Pearl Harbor,
he was aboard the repair ship
Medusa, which had taken on
machine gun fire. From there he
treated casualties on that infa-
mous day.

As senior medical officer
aboard the battleship Mississip-
pi, Zikmund took part in the
battle of Surigao Straits, one of
the biggest naval engagements
of WWII. Zikmund buried 29
men during that battle when the
Mississippi was struck by
kamikaze airplanes that plowed
into the ship, exploding on im-
pact and killing crewmen on
deck.

"During World War II most of
my tours were in the Orient. I
saw the war from Pearl Harbor
until declaration of peace sever-
al years later," Zikmund said.

Following his retirement from
the Navy, he entered private
practice in Oakland, and over
20 years later returned to work
for the Navy at Naval Hospital
Oakland, then at Naval Air Sta-
tion, Alameda in February 1987.

Workaholic

You would think that a man
approaching 80 years of age
would want to settle into a cozy
retirement, but Zikmund said he
wants to "play the role of phy-
sician he went to school for. I
don't have to work, but I want
to." He said he owes his health
to a life-style that includes play-
ing golf, never being obese, not
smoking and handling stress.
Rolling with the punches—like
the boxer in the ring that never
takes one square on the jaw, he
said. "The motivation to do
some good in this world is what
keeps me going."

**The NorWester is
intended for five
readers—Please
pass it along.**

Survey indicates military women satisfied with military treatment

By Evelyn D. Harris
American Forces
Information Service

Most military women are satisfied with the treatment they get at military clinics and hospitals, according to preliminary results of the 1989 Active-Duty Health Care Survey.

According to a draft report based on the first 4,312 responses to a mailing of 7,000 surveys, some 64 percent were very satisfied or satisfied with their current care overall, 18 percent were dissatisfied, and 18 percent were neutral.

Not a disaster

The survey, the first the military has conducted on women's health care, was done in response to a request from the Defense Advisory Council on Women in the Services by the Defense Manpower Data Center under the sponsorship of the Office of the Assistant Secretary of Defense (Health Affairs).

The survey sample was selected last September and the survey mailed in January 1989. The final report will be ready later this year. DoD officials expect that while there will be some differences in the final report, the pattern of findings is likely to hold.

Speaking to attendees at the spring conference for the Defense Advisory Council on Women in the Services, then-Assistant Secretary of Defense (Health Affairs) William E. Mayer said the survey results showed that military health care is not the disaster some critics have said it is. For example, Mayer noted, the survey showed that 82 percent of the active duty women who were pregnant receive regularly scheduled prenatal care. He compared this with figures showing only 66 percent of civilian women

receive such care.

For those few women who do not receive full prenatal care, Mayer explored two possible explanations. Some may have "oversolicitous" supervisors who don't allow pregnant

"We're treating an entirely different population than our facilities were designed to treat."

—William E. Mayer

women to carry out their assigned duties, leading to resentment from co-workers. At the other extreme, some supervisors may be insensitive, and pregnant women, may fear a poor fitness report. Either way, the women delay admitting pregnancy. Mayer asked the Defense Equal Opportunity Council to design training material for supervisors to address these issues.

Nurse shortage

Although the survey findings were generally positive, Mayer repeatedly urged members of the DoD medical community not to give into an "If it ain't broke don't fix it" mentality. He called for more pay, reduced workloads and other incentives for military doctors and nurses as ways to ease the shortage of these professionals. Mayer said the nurse shortage in particular is "serious and getting more so throughout the country."

Air Force women were slightly more satisfied with their care than women from other services, while Coast Guard women were least satisfied. A DoD official speculated this can be explained by the fact that they tend to live farther from military treatment facilities; only 37 percent live within five miles of a military facility, which means most Coast Guard women use civilian providers. Some 80 percent of the women responding from all services were satisfied

with the time it took to get to a military treatment facility.

Only 42 percent of active duty women believed they were getting priority care at obstetrics and gynecology clinics. A DoD official stated that this situation

may partially be a problem of communication—medical staffs may fail to ask patients whether they are active duty when they call and active duty members may fail to assert their right to first place in line. Mayer stated that the situation is further complicated by the dramatic increase in the number of women eligible for care without a corresponding increase in health care providers and examining rooms.

Noting the increases in the percentage of troops who are married, the number of females in the military and the number of dependents and retirees, Mayer said, "We're treating an entirely different population than our facilities were designed to treat."

Pregnant

Some 46 percent of active duty women are pregnant at least once while on active duty, and 78 percent (Coast Guard excluded) receive their prenatal care at military facilities.

The poll also asked women if they felt they received enough privacy in their visits. For obstetrics/gynecology visits, 76 percent were satisfied with privacy. For other visits, 70 per-

**Give to the
Navy Relief**

cent were satisfied. Although they don't consider these figures bad, DoD officials hope to improve them. Lack of privacy is caused partially by an inadequate number of examining rooms. DoD has established a Defense Medical Facility Office to correct facility problems as quickly as appropriated funds allow.

Some 77 percent of the women were satisfied with the time it took to get results of medical tests.

Some 52 percent of the women were satisfied with waiting time for obstetrics/gynecology visits; 45 percent were satisfied with the time for other visits. Mayer said that military facilities

are automating the scheduling process, which will decrease waiting time.

Mayer noted that many improvements needed would be very expensive and getting congressional approval would be hard in an environment of tight budgets.

"I hate to keep saying the military medical system is special, but it is special," Mayer.

"We must not wait until we have a crisis to improve care—we must do it now," Mayer said. "We must take care of the special needs which are special but not excessive—of the women uniform today."

Volunteers: heart of the Navy Relief Society

By Mike Campbell

WASHINGTON (NES). . . A force is at work out there, powerful, committed, elite group, fully armed with state-of-the-art equipment, waging a never-ending battle for the best of causes. But it's not the Navy SEALs, the Green Berets or the Marines we're talking about now -- it's the Navy Relief Society's volunteer force.

Since 1904, when volunteers organized the Navy Relief Society, these special people have been the lifeblood of an organization dedicated to the well-being of sailors, Marines and their families. Today, 3,500 volunteers in 250 Navy Relief Offices around the world proudly continue a tradition of service to those in need.

"I like the expression, 'Volunteers work for free but they don't work for nothing,'" said retired VADM Edward P. Travers, president of the Navy Relief Society. "We really believe that if we bring quality people into our office, let them watch that office operate for a day or half a day, that they will become infected with the satisfaction that people get from being able to say, 'I really made a difference in someone's life today.' They helped someone. When they do that once or twice, they become very involved. That's why we have 3,500 volunteers out there who are infected with the goodness of helping someone."

Who are Navy Relief volunteers? First and foremost, volunteers are people who care. "Volunteers are family members of military people -- spouses, retirees, spouses of retirees," said Judy Kinney, budget counselor service coordinator at NRS headquarters in Arlington, Va. "The volunteers in the field are very close to the military. In other words, they're people just like us."

But many active duty people also find the time to serve as Navy Relief volunteers. The Navy currently has 136 ships with NRS offices, all manned by active duty members dedicated to helping their shipmates in times of need.

"Volunteerism at its best," said the admiral. "As soon as accounting procedures permit, I'd like to see every Navy ship have a Navy Relief representative and a checkbook so that if they have a problem when they're at sea or deployed, a volunteer is there to write out a check and solve the individual's problem."

Besides disbursing assistance loans and grants to military members and their families to meet the gamut of emergency needs, volunteers provide the full spectrum of Navy Relief services. Volunteers are receptionists, interviewers, budget counselors and public relations specialists. They manage thrift shops, make layettes (seabags for infants), and train other volunteers. A paid staff of 250 employees, most of whom are former NRS volunteers, lend support and expertise to the worldwide volunteer force.

"We view our volunteers just as if they're paid staff," said Travers. "The volunteers are the decision makers. They have the authority and the responsibility. They can say, 'That fellow needs help; give him a grant of a couple hundred dollars right now.' On their authority that check is written. I don't think there are many programs where volunteers are that immersed in the production of the activity."

Deanna Allee is a newly accredited field representative who contributed nearly 3,000 hours as an NRS volunteer before becoming executive director of the Japan NRS Auxiliary. Now based at Society headquarters, Allee is looking forward to traveling around the world teaching volunteers the basics of Navy Relief policy and administration.

"Often when we think of volunteers, we think of people who are giving to others, which is great and that's part of it," said Allee. "But what people gain in and for themselves is much more than they ever give. What you personally get -- the satisfaction, the knowledge and the relationship with people -- is just a great feeling. Almost everyone in this office has been a volunteer at one time or another. What they gained themselves was much more than they ever gave."

Peer ranking is mandatory

Numerous queries about peer ranking have been received by the Master Chief Petty Officer of the Navy. The question asked most often is: "If I am not ranked in the upper 50 percent, should I just quit and go home because my chances for advancement are destroyed?"

The answer to that is "no."

Sailors are not required to have straight 4.0s or be in the upper 50 percent to be selection board eligible in many fields. (If an individual's career reenlistment objection group is D or E, the answer is probably "yes," they do need to be in the upper 10 percent. But, remember that CREO group classifications change continually.)

There are two reasons for peer ranking. First, it puts thought back in the evaluation system. Second, it allows commanding officers to hold the chain of command more accountable in submitting evaluations. With that in mind, here's an explanation of how the peer ranking system works:

Sustained superior perfor-

mance is the trend the selection board will be looking for. Your overall rating (Block 39) should be used as only *one* of many indicators.

Rankings are mandatory:

- Only for members rated 4.0 Block 39 (E-6 to E-8).
- Only for the top half of those marked 4.0.

The summary line (Block 40):

- Must show all members in the same paygrade regardless of rating.

- Must be completed by the specific report signer, either the commanding officer or delegated reporting senior.

- Must be for the same report ending date.

Commanding officers may delegate reporting responsibility for reports within the limits of the instruction. They can resolve problems ranking large numbers of E-6 personnel by delegating signature authority to department heads (O-4 and above). NMPC-3 in Washington, D.C., can grant exceptions to the CO's reporting responsibility for E-7s and E-8s to allow dele-

gation down to the O-5 level *only upon written request*.

Important points to remember:

- Ranking is an indicator of an individual's overall value to the Navy.

- Selection boards will be briefed that the member's ranking is an indicator of relative standing *at that command, for the specific period of that report*.

- Board points for peer ranking count only a minimal percentage compared to warfare qualifications, off-duty educational courses, community involvement, leadership accomplishments, etc.

- For advancement to E-7 through E-9, boards are looking for *leadership and management* skills more so than technical skills. Also, the overall effect a sailor has on the command is more important than that in an individual department. Attention should be called to the individual's specialties in the write-up.

FEDERAL CORNER

Update your official personnel folder

NAVAL HOSPITAL, OAKLAND, Calif. — Every civil service employee has an official personnel folder (OPF) on file in their servicing personnel office. The OPF contains your application for employment, SF-171; copies of every notification of personnel action, SF-506; health and life insurance infor-

mation; documentation of training of 8 hours or more; letters of commendation and other documents related to your employment. These documents give legal force and effect to your personnel transactions and establish your rights and benefits. The folder "travels"

with you throughout your entire federal career. It is important that all of the information in your OPF is up to date and accurate. You have the right to review your OPF and should arrange with your servicing civilian personnel office to do so periodically.

We want your questions! We'll provide you the answers!!

If you have questions in areas such as policies, procedures, benefits, or just want information regarding Federal Employee rights, here's an avenue to follow. Just complete the form and send it in — attention Sydney Santos/What's the Answer, Civilian Personnel Office, Naval Hospital, Oakland, Calif. 94627-5000. Mrs. Santos will provide the answer by individually contacting you or through the NORWESTER. (Editor's Note: The NORWESTER reserves the right to edit comments for journalistic style. All contributions become the property of the newspaper. "What's the Answer?" submissions will be selected at random for publication based on their timeliness of topics and geographic focus.)

Question (PLEASE PRINT CLEARLY):

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Families given top priority in 1990s

Family support programs must be a top priority in the 1990s and beyond in spite of cutbacks in the defense budget. That was the conclusion made by ADM Leon A. Edney, Vice Chief of Naval Operations, following the Navy Family Support Conference held last fall in Norfolk.

Top military and government leaders met with more than 1,200 delegates from Navy and Marine Corps units around the world to discuss family issues. It was agreed that the military cannot afford to ignore the needs of the families of service men and women.

The conference's theme was "Goals and strategies for the year 2000." Topics were addressed by delegates whose ranks included military and civilian physicians, lawyers, social workers and counselors, family service workers and counselors, family service workers and ombudsmen, as well as senior enlisted personnel and senior officers.

Some of the important topics addressed were:

- child care and education
- care and opportunities for handicapped children
- housing
- consumer education
- financial responsibility
- ethics and values
- family violence
- morale, welfare and recreation programs
- spouse employment
- care for aging parents
- health care
- retirement
- single sailors

spouse abuse. A blueprint for a model program to prevent child abuse was presented, focusing on using the services of community health nurses, home visitors, good prenatal education and respite care.

Aging parents. The need for service personnel to care for aging parents is likely to have a high impact on military retention in the 1990s.

Financial responsibility. A rising number of bankruptcies among Navy and Marine Corps personnel has been documented. A renewed commitment is needed to send senior petty officers to financial management training, so they can counsel others in their commands.

Housing. Housing should be made available on the basis of need rather than seniority. Particularly in areas in which the cost of housing is high, base

housing now assigned to senior officers and senior enlisted personnel might better be assigned to junior enlisted people.

The Navy is already taking steps to ease the housing crunch for junior enlisted. NavOp 007/89 permits E-1 to E-3 personnel to be assigned housing on the same basis as senior personnel. It also allows commands to tailor the housing policy to meet local needs. OpNavInst 11101.13H will be amended to reflect the change.

It will take some time for Navy leadership to study the hundreds of recommendations coming out of the conference and make final decisions on what actions need to be taken. However, the importance of families to the Navy and Marine Corps was affirmed.

Protect the ocean

Navy personnel aboard ships create about three ounces of plastic trash per person per day. That's equivalent to three plastic throw-away bowls, which might not sound like much. But on an aircraft carrier with a population of 6,000 people, it adds up to 1,200 pounds of plastics that must be disposed of daily.

That comes to approximately five tons per day for the entire Navy—tons of plastic trash that until recently was thrown overboard into the world's oceans.

As of the first of the year, however, plastic trash can no longer be discarded at sea. The Maritime Plastic Pollution Prevention Act of 1987, an international maritime treaty effective worldwide, covers prevention of ocean pollution.

Provisions of the act include the following discharge restrictions—including plastics and other trash—in the open sea:

- No plastics may be discharged.
- Dunnage and packing materials may not be discharged with 25 nautical miles of shore.

- No unpulped food waste, trash, or miscellaneous solid waste within three nautical miles of shore.
- Special restrictions may apply to other areas.

Emphasizing the Navy's concern, Sec-Nav William L. Ball III said in AINav 138/88 that the Navy intends to comply with all environmental laws. The Navy has a five year extension on the ban, starting from Dec. 31, 1988.

This means that sailors at sea and in support facilities will see changes in the handling of trash at sea as well as changes in materials being sent to ships.

Initial changes, aimed at reducing the amount of plastic that goes aboard ship, include:

- Using paper rather than plastic cups and bags.
- Removing plastic wrapping or packing from some items and leaving it ashore.
- Substituting other materials, as practical, where plastic has normally been used.
- Storing plastic trash on

Thrift Savings Plan Questions and Answers

NAVAL HOSPITAL, OAKLAND, Calif. — Participants frequently ask questions about their Thrift Savings Plan (TSP) accounts and Individual Retirement Accounts (IRAs). Although the Federal Retirement Thrift Investment Board (Board) cannot provide authoritative tax advice to individuals, you may find these answers helpful. If you have additional questions, please consult your tax advisor, state taxing authority, or local Internal Revenue Service (IRS) office.

Q: While I am a Federal Employee can I contribute to both my TSP account and my IRA?

A: Yes. Even though you are participating in the Thrift Savings Plan, you are still eligible to contribute to your IRA. The following IRS rules apply to IRA contributions:

- Anyone with wage can contribute up to \$2,000 per year to an IRA and defer taxes on the earnings.
- Contributions to an IRA are fully deductible from income for Federal tax purposes only if:
 - Neither you nor your spouse is covered by a retirement plan; or
 - Your adjusted gross income is \$25,000 or less per year on a single return or \$40,000 or less on a joint return. If your adjusted gross income is between \$25,000 and \$35,000 on an individual return, or between \$40,000 and \$50,000 on a joint return, you may still qualify for a partial deduction.

The Civil Service Retirement System (CSRS), the Federal Employees' Retirement System (FERS), and equivalent Government retirement plans are considered to be retirement plans for purposes of IRA eligibility. Thus, participants in the Thrift Savings Plan must abide by the following rules for Federal employees:

- A Federal employee whose compensation is less than the applicable limits referred to above may contribute up to \$2,000 per year to an IRA and may also take the IRA deduction.
 - A Federal employee whose compensation exceeds the applicable limits may still contribute up to \$2,000 per year to an IRA, but may not take the IRA deduction.
- Your IRA provider can give you additional information about the way IRA rules may apply to your situation.

Q: Can I use my gross income after my TSP contributions to determine if I am eligible to deduct my IRA contributions?

A: This question should be referred to your tax advisor. The Board's informal reading of the Federal tax code is that you can use your adjusted gross income (which will not include the amounts you contributed to your TSP account) to determine if your income is at or below the applicable limits to qualify for an IRA deduction.

Q: Does the \$7,627 limit on contributions in 1989 affect my IRA?

A: No. The \$7,627 limitation on tax-deferred employee contributions to the Thrift Savings Plan does not affect the amount of money you can contribute to your IRA. The \$7,627 limit applies only to tax-deferred employee contributions to 401(K) and similar plans.

Q: Can I transfer my IRA to my TSP account?

A: No. Contributions to TSP accounts can be made only through payroll deductions. The law does not allow transfers of funds to the Plan from an IRA or other source.

Q: If I leave Government service, can I transfer my TSP account to my IRA?

A: Yes. Transfers to IRAs from the Plan are not subject to the annual limits on IRA contributions. In addition, you do not pay taxes on the money you transfer to your IRA until it is withdrawn. (If you withdraw your TSP account balance and then decide to roll it over into an IRA within 60 days of receiving it, you will be able to avoid paying taxes and a possible early withdrawal penalty.)

Q: Can I transfer any of my TSP contributions to the IRA of my spouse?

A: No. You cannot transfer the money in your TSP account to the IRA of your spouse. Your TSP account is in your name; transferring it to your spouse's account would transfer ownership as well as tax liability and is not permitted. However, upon your death your spouse may be able to deposit a lump sum payment from your TSP account to his or her account. You may wish to consult with a tax advisor or appropriate taxing authority for guidance on this issue.

board until the ship returns to port.

Long term efforts will involve:

- Changing procurement specifications, especially for packaging.
 - Development of a thermal plastic processor to compact plastic and reduce it to a more manageable size for storage aboard ship.
- The Navy has already started

a demonstration study aboard seven ships to document actions which are practical for immediate implementation. By next fall the test results should be in and the fleet will start seeing specific alternatives taking effect.

A special compactor has been installed aboard USS O'Bannon (DD 987) for operational evaluation. Within two years a special solid waste pulper will be evaluated for shipboard use.

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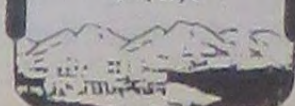
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"All dope can do for you is kill you... the long, hard way. And it can kill the people you love right along with you."

—Billie Holiday, blues singer

Photo essay

Lemoore physiologist trains aviators on water survival. See centerfold.

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Friday, July 7, 1989

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Oakland, Calif. 94627-5025

Rousing welcome greeted Usurup

PNG's top surgeon visits Seattle clinic



By YN2 Paul Green

NAVMEDCLINIC Seattle
Naval Medical Clinic, Seattle, Wash.

NAVAL MEDICAL CLINIC, SEATTLE, WASH. — Lieutenant Colonel Pasinganlogo "Jethro" Usurup, Director of Health Services (Surgeon General) for Papua New Guinea toured Naval Medical Clinic (NAMECL), Seattle, on July 16. His visit was one of several visits to military treatment facilities throughout the United States.

Papua New Guinea is an independent state located between Indonesia and the Solomon Islands, northeast of Australia. Its size is comparable to that of Oregon and Idaho combined, with a population of approximately 3.5 million. The state is comprised of several thousand separate communities, many of which still engage in tribal warfare. There are over 700 recognized languages among its inhabitants.

The military in Papua New Guinea, including their equivalent

of the army, navy, and air force, has a complement of over 4,000 members employing 13 military medical doctors.

Usurup was escorted by Commander Bud Lewis, NAMECL Seattle Commanding Officer; Captain Thomas Henn, Director of Medical Services and Occupational Medicine Department Head; Commander Jim Kunkler, Family Practice Department Head; and Lieutenant Commander Joe Smith, Executive Officer. The tour consisted of various medical and administrative functions.

ministrative functions.

Usurup said he was impressed with the efficiency and high technology he has observed throughout United States military treatment facilities. His interests in ambulatory care, as well as occupational medicine, were well served during his tour of the clinic.

Usurup had been observing operations at Madigan Army Medical Center in Tacoma, Wash., prior to his visit to Naval Medical Clinic, Seattle.

FMA luncheon discusses future issues and impact

By Andrée Maréchal-Workman
NORWESTER Staffwriter

NAVAL MEDICAL, NORTHWEST REGION — The future and its impact on the federal work force was the theme of Phyllis A. Witherspoon's presentation at the Federal Managers Association's (FMA) luncheon on June 20th.

"In San Francisco, especially in the medical commands, the future is here and now," she said. "We are having trouble filling jobs, and if we don't plan today, we won't have the situation in hand tomorrow."

Mrs. Witherspoon, who is Director of the Office of Civilian Personnel Management (OCPM) for the Northwest Region, oversees and trains all civilian and military personnel affairs. She also implements and enforces the Secretary of the Navy's civil service and equal employment opportunity policies and regulations.

Witherspoon cited lack of education in advanced technology, math and computation as one specter of federal management; inability to compete with civilian salaries as another.

What are some of the solutions she proposes?

- Know your areas of work, and know who is out there to fill them.
- Reach out to the schools at the elementary school level. This is where training begins.
- Know your own culture. Know the medical community and its culture, for example.
- Listen to people and know what is coming. (For instance, what does the future hold for Outstanding Performance Awards).



• If you want to see changes, use your chain of command to reach Congress. Power rests within the secretariats, and an FMA chapter is a good place to start if you want to communicate with the Assistant Secretary of the Navy for Personnel.

• The Navy is the third largest federal employer in the Bay Area. Our size carries (To improve the pay system, for example).

• All government agencies are hurt badly by not having competent replacements for retiring personnel. Now, some agencies have direct hire for clericals through GS7. At Oak Knoll, direct hire for clericals is through GS4 and for secretaries through GS6. Use that system.

• Offer the right job to the right person.

• Do some creative thinking about what it will take to retain good people. But know that the budget will not increase, and start juggling finances and personnel in your department.

Among the other topics of interest discussed by Witherspoon were:

• Congress is pushing OCPM for corrective measures. OCPM is studying pay bonuses, straight cost of living pay and straight increases.

• Salary discrepancy between medical personnel in VA and Navy hospitals.

Papua New Guinea's Surgeon General, LTCOL Jethro Usurup is flanked by (left to right) LCDR Joe Smith, CDR Jim Kunkler and CAPT Tom Henn for a souvenir photo during his visit to Naval Medical Clinic, Seattle.

Former hospital corpsman now an ensign in MSC

By SA Laura L. Martin
NORWESTER Staffwriter

BRANCH MEDICAL CLINIC, MARE IS. — "Starting from the bottom again, I'm not sure what to expect," said former Hospital Corpsman 1st class, Manuel E. Naguit, who was recently commissioned as an ensign in the Medical Service Corps at a ceremony in the Mare Island Medical Clinic where he worked as a pharmacy technician.

ENS Naguit joined the Navy in May, 1980, from his home in the Philippines.

"Being from a small country, I had always wanted to observe the different cultures of a large country like the United States," said Naguit, "however, during my nine years in the Navy, I've been stationed only in Okinawa, Japan, and California."

ENS Naguit's promotion to the officers rank was his fourth attempt to receive a commission. He first applied in 1985 while stationed in Okinawa at the prodding of his Pharmacy Officer who saw his potential in administrative work. He has applied every year since then. He was commissioned through the Inservice Procurement Program and was one of only 37 chosen in the Navy this year.

"It hasn't been easy, it's a very competitive program," Naguit said. "It just goes to show that

persistence does pay."

Many qualities led to ENS Naguit's commissioning including a B.A. degree in Marketing from a Philippine university. In addition, he is only 4 credits away from earning his master's degree from the University of Oklahoma and plans to finish within a year. Before his commissioning he passed the chief's test and was the LPO for the

Pharmacy. He also spent 8 months as LPO of the command, which is normally a chief's billet.

This job gave ENS Naguit the greatest challenge of his enlisted career, acting as Command Career Counselor and Watchbill Coordinator, among other duties. His admirable performance

See CORPSMAN on page 3.



ENS Naguit is all smiles while LT Bates and his wife pin his new shoulderboards. (Photo by SN Mark Herrington)

Cythology Technician HM NEC reestablished

COMNAVMEDCOM, WASHINGTON, D.C. — The Cytology Technician (HM-8505) has been reestablished, and the next class will convene on August 14 at Brooke Medical Center, San Antonio, Texas. The school is 52 weeks long.

Interested corpsmen must meet the following prerequisites to get a seat in the class:

(1) Must include minimum of 20 semester hours or 30 quarter hours of Biology; this may include courses in general Biology, Bacteriology, Parasitology, Physiology, Anatomy, Histology, Embryology, Zoology, or Genetics.

(2) Must include eight semester hours or 12 quarter hours of Chemistry.

(3) Biology and Chemistry requirements must be met prior to admission to the program.

(4) College transcripts must be submitted with request for school.

(5) Academic prerequisites are for entry to training program only and may not qualify graduates for registration/certification.

(6) Must be physically qualified for transfer IAW art. 15-57 of the Manual of the Medical Department and Chapter 7.01 of the Enlisted Transfer Manual. Members requiring medical attention, including pregnancy,

shall not be transferred to school.

(7) Obligated service as required by chapter 7, ENLTRANSMAN.

Qualified HM's desiring training should submit NAVPERS 1306/7 to COMNAVMIL PERSCOM Washington D.C. attn: NMPC-407C.

Required enclosures to applications:

(1) Copy of performance evaluations for past 3 years (must include at least one evaluation prepared by applicant's current command).

(2) Copy of service record pages 3, 4, 5, and 9.

(3) Copy of non-judicial punishment, court martial action, or civil court action resulting in the past three years.

(4) Must have normal color vision. Submit results of falant.

(5) The CO's endorsement must address the applicant's technical or professional competence, demonstrated or potential leadership ability, general attitudes and motivation and potential to perform duties after the intended training. It is the parent command's responsibility to ensure that the required enclosures are included with each request.

The point of contact at NMPC-407C is HMC Tilley, who can be reached at (AV) 224-4547 or (COM) 202-694-4547.

The point of contact for course information is A. Martin, who can be contacted at (AV) 294-1821 or (COM) 202-653-1821.

Foundation Health Corp unveils new claims processing systems

Sacramento, CA — Foundation Health Corporation announced it has gone "live" with a new managed care claims processing system, developed in coordination with Electronic Data Systems Corporation (EDS).

A team of more than 100 Foundation and EDS technicians spent thousands of hours developing the system, which has been installed to resolve a backlog of medical claims from Foundation's Department of Defense (DoD) health care contract.

"This is a major success for Foundation," said Stuart Platt, President of Foundation's Government Division. "Our number one priority has been to expedite claims payments to our providers. With the claims processing system in place, we're heading towards the point where we'll be able to focus more on managed care, which is what we do best."

Quick processing

Weekly processing for the government contract has surpassed weekly claims receipts of approximately 15,000. The company expects to soon resolve the backlog of claims ag-

ed over 30 days, with the goal of processing an average of 30,000 to 35,000 claims each week.

Quality care

In April, an auditing team performed intense acceptance testing of the system, and issued a recommendation to proceed with claims operations to the DoD. Foundation also continues to operate areas of the government program on the Digital Equipment Corporation (DEC) system.

Under a DoD-sponsored managed care contract, Foundation Health Corporation is the prime contractor for the CHAMPUS Reform Initiative (CRI), CHAMPUS, or Civilian Health and Medical Program of the Uniformed Services, is the government's supplement to health care in military medical facilities. The CRI is designed to maintain quality of care for CHAMPUS users while containing government costs. EDS is a world leader in providing computer services to the public and private sectors. Headquartered in Dallas, Texas, the company has customers in 50 states and 25 countries worldwide. EDS employs more than 1250 people in Sacramento.

...a hospital where people are proud to be! Admiral flies flag at Oak Knoll

By JO1 Dan Guilam, USN
NORWESTER Editor

NAVAL MEDICAL COMMAND, NORTHWEST REGION — "Naval Hospital, Oakland, has come a long way in such a short time under Captain Gordy Strom." Rear Admiral David M. Lichtman was addressing staff and visitors as he became the 24th Commanding Officer of Naval Hospital, Oakland, recently amid a colorful pageantry that included a display of the fifty state-flags.

"Thank you for making my job easier," Lichtman said, "taking command of a hospital where people are proud to be."

"I believe in top quality medicine and Navy Medicine is top quality," the Admiral continued. "I wouldn't be here if I didn't."

Taking the helm of Naval Hospital, Oakland, is the most recent addition to Admiral Lichtman's commands. He is the Commander of the San Francisco Medical Command and Naval Medical Command, Northwest Region. Earlier last month, he assumed command of the Naval Medical Clinics Command, San Francisco.

Auspicious event

Admiral Lichtman's assumption of the hospital command is part of the Navy-wide reorganization of the Medical Department that would place flag rank officers in the four naval teaching hospitals in the country. The plan, as recommended by the Blue Ribbon Panel, would also bring line Navy commanders into the Navy medical chain of command. The goals are to make Navy medicine more responsive to its health care beneficiaries and also to assist recruiting and retain qualified medical personnel.

"Bringing a flag rank to a command for the first time marks the change with full weight of the Navy's top leadership," said Rear Admiral John W. Bitoff, who was the quest speaker for the occasion. Bitoff is the Commander, Naval Base, San Francisco and Combat Logistics One.

"Today's ceremony is also an auspicious one. It is auspicious for the career of two Navy officers as well for the command itself," Bitoff said.

"Commanders are managers. And management style strikes me as the most significant aspect of Captain Gordy Strom's career... This 263-bed hospital deserves our respect," Admiral Bitoff added. "It is equally significant to Admiral Lichtman's success. It certainly portends a bright future for Naval Hospital, Oakland."

Accomplishments

During CAPT Strom's tenure hospital staff, working closely with Northwest Region staff, accomplished the following:

- Procured an intensive care and regular long term nursing contract.
- Procured an emergency room contract to prevent downgrading of Emergency Room (ER) services. This resulted in a long-term contract and supplied the most qualified ER physicians to help train Navy doctors in emergency medicine.
- Aggressively pursued a resource sharing contract with physicians in the Primary Acute Care Clinic. This supported the internal medicine and surgery residency programs and provided increased patient access to the hospital.
- Directed the procurement and installation of a state-of-the-art cardiac catheterization lab and radiology equipment. This restored pride and training programs while reducing CHAMPUS cost.
- Held highly Bay Area National Disaster Medical System Drill.
- Made Naval Hospital, Oakland, the first military facility caring for animals to achieve acceptance from the American Association for Accreditation of Laboratory Animal Care.
- Used drilling reservists in their specialty to develop a reservist same-day surgery program. This provided an enormous cost-savings for the hospital and increased the patient flow.
- Helped plan the San Francisco Medical Command, the new joint-military command that will revolutionize Bay Area military medicine.
- Develop of a strategy for using the hospital ship USNS MERCY as a trauma platform.

In his farewell remarks, Cap-See ADMIRAL FLAG page 6



NEW NAVHARE CLINIC PROVIDES WALK-IN MEDICAL CARE

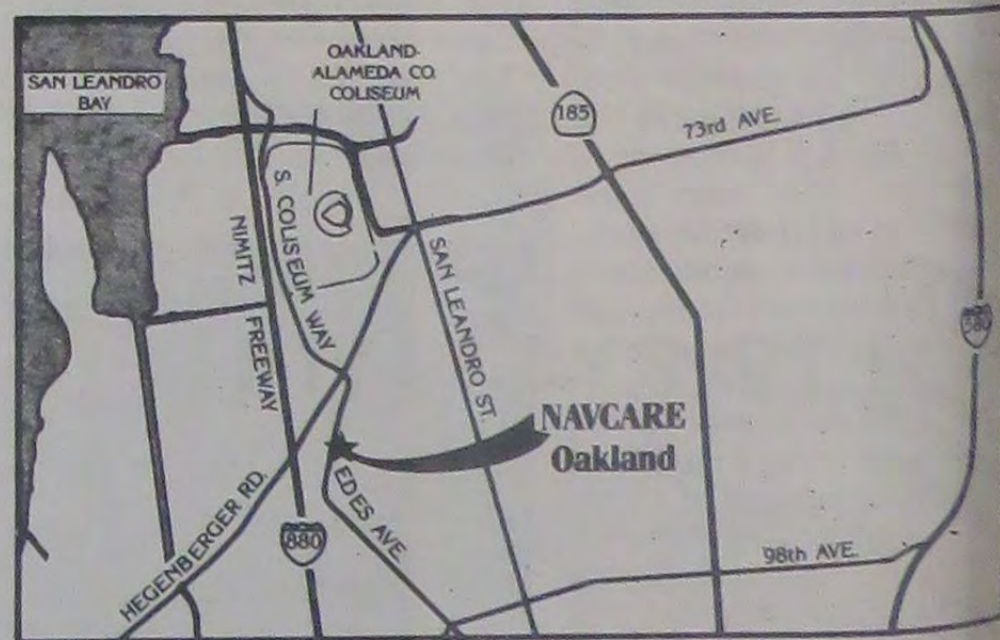
NAVHARE Walk-In clinics are a new approach to providing military beneficiaries access to primary health care. NAVHARE Oakland will be open 365 days each year—from 0700 to 2000 weekdays and from 0700 to 1600 weekends and holidays.

No appointment is necessary and there is no cost to patients for treatment and medication.

All military beneficiaries, including family members, entitled to care at military treatment facilities and enrolled in the DEERS are eligible for care. Basic laboratory and X-ray services are provided on site. Licensed and credentialed physicians and staff provide medical care.

*NAVHARE Oakland is located at:
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Oakland, CA 94621

Infoline: (415) 632-7286
Other Calls: (415) 632-5514
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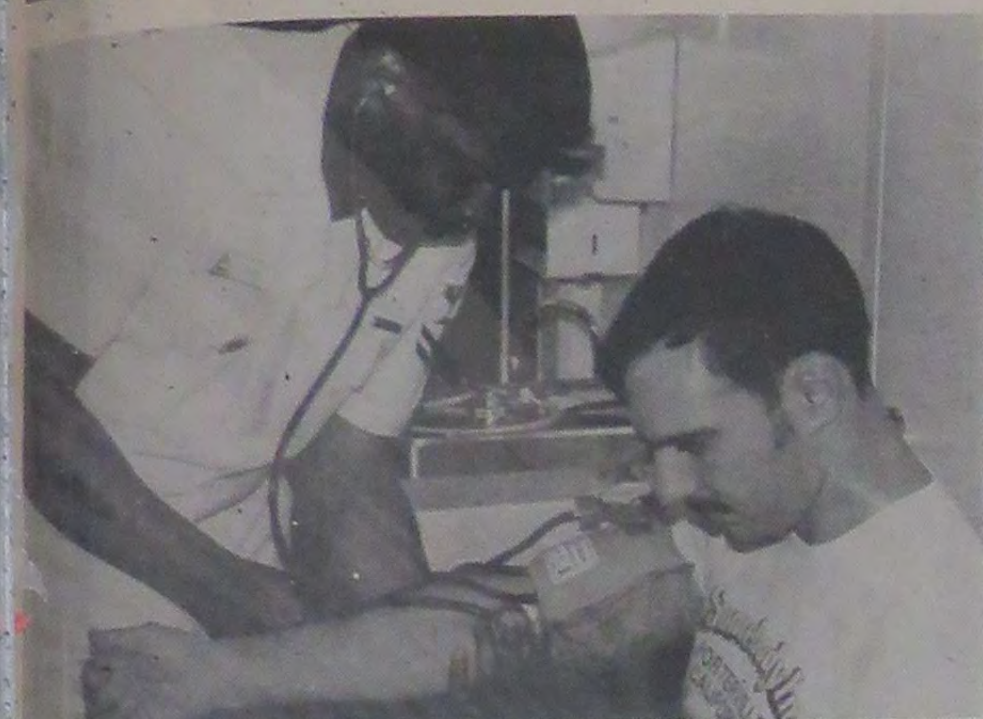


Critically ill or seriously injured patients should go to a hospital emergency room. Services are provided by PHP Healthcare Corporation, Alexandria, Virginia, under contract to the U.S. Navy.

NORWESTER

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A fairgoer gets his blood pressure checked by an attentive corpsman at the clinic. (Photo by JO2 Tami Begasse)

Moffett branch clinic sponsors health fair

BRANCH MEDICAL CLINIC, MOFFETT FIELD—The Branch Medical Clinic in Moffett Field sponsored a Health Fair on May 20 from 10 a.m. to 2 p.m. Over 200 personnel including active duty, retirees, dependents, and civilian employees took advantage of this event.

Personnel from the Branch Medical Clinic were assisted by volunteers from the Army Reserve, Navy Reserve, Dental Clinic, Red Cross, NAS Recreation Services, American Lung Association, and Blue Cross/Blue Shield.

Attendees were screened for cholesterol level, body fat, blood pressure, skin cancer, hearing, vision and glaucoma.

Each attendee, after receiving the various screens, was given the opportunity to discuss their test results with a physician. In addition, there were films and information on nutrition, smoking cessation, family advocacy, seat belt use, AIDS and back care. A blood donor drive was conducted by the tri-service blood bank out of Fort Ord in conjunction with the Health Fair and 26 units of blood were collected.

Bremerton dental clinic's PRT improved

By CDR Kris Kirkland

NAVAL DENTAL CLINIC, BREMERTON, WASH. — The long cold winter took its toll on the physical fitness of the Navy Dental Clinic, Bremerton's personnel—but the recent warm spell rejuvenated some of their cold muscles.

The clinic as a whole improved its annual average from 226 to 230 according to Commander Kris Kirkland, the clinic's PRT coordinator.

"Many did much better than they thought they could do," he said, "although once again I heard some great boasting by

our young staffers about maxing push-ups and sit-ups, and how fleet were the new feet which had just arrived.

"As usual there was a lot of talk from our junior members—but only Dentalman Agosa made it into the 280 club," CDR Kirkland continued. "Our women turned in excellent performances. Dental Technician Third Class White exceeded her expectations with a 13:15 run and 234 points for an outstanding score. Dental Technician Third Class Anderson casually whipped out 100 sit-ups to place second for the women with 215 points. Dentalman Hill also had fast feet as her 13:30 beat several of the guys."

This year's "270" club includes CDR Kirkland (292), DN Agosa (284), Lieutenant Osmak (280) and Dentalman Parker (272). Others who scored an outstanding (and a day off) were: Dentalman Bias (267), Captain Fleming (239) and DT3 White (234).

The maximum score one can get in the PRT is 300 points. Commander Turner and DN Agosa have been working out hard this spring and both improved their runs by 30 seconds to 11:23 and 10:24 respectively.

Congratulations are in order for the following personnel with the most improved fitness scores: DN Hill (+18), Dental Technician second class Wypasek (+17), Dentalman Riley (+15), and DN Agosa (+10).

CORPSMAN from front page

led to the Navy Achievement Medal in July 1988. In March 89, he was named the Sailor of the Year for Mare Island Branch Clinic and the San Francisco Medical Clinics Command. Other awards include two Good Conduct Medals and an Overseas Service Medal.

"It hasn't hit me yet," said Naguit of his commissioning. "I'm just concentrating on finishing OIS (Officer Introduction School). I'm ready to make the change now from enlisted to officer, to do different things and accept more challenges." Following OIS training, ENS Naguit will be stationed in Orlando, Florida.

"I'm excited about going to Orlando, it'll be great to see another part of the country, I am a little nervous about all the responsibility, but hopefully, my past experience will help."

Doctors against drugs at Oak Knoll honored

NAVAL HOSPITAL, OAKLAND, CALIF. — The American Federation of Police (AFP) recently honored Captains Roger Espiritu and Ben Ho, both of Naval Hospital Oakland, with Awards of Merit for their significant contributions in addressing the issue of drug and alcohol abuse in the country.

The two officers along with Espiritu's wife, Elvie, who also received the award, were each given a medal in "what has become an international war that threatens the very heart of America, the youth."

The National Association of Chiefs of Police (NACOP), closely aligned with the AFP, created the Award of Merit, a prestigious honor which is presented to people who have been active in educating adults at the high school level regarding the dangers of drug and alcohol abuse.

"Captains Ho and Espiritu have been strong proponents of the 'Senior Overnights for an Alcohol-Free Graduation,'" said Lieutenant Commander Michael Dickerson, the national police surgeon for AFP, and also head emergency services at Naval Hospital, Oakland.

"This project identifies the obvious need to encourage our



LCDR Dickerson congratulates CAPT Ho while CAPT Espiritu looks on.

high school seniors to celebrate without incurring alcohol associated injuries.

"The concept is simple: putting it into practice is not!" Dickerson continued. The program is also critically important in that it shows impressionable youth that intoxication is not required to have a good time for other events as well. This is certainly in keeping with the AFP goal of establishing responsible behavior toward alcohol in general."

Espiritu is the Head of the primary care clinic and department head of emergency care services at Oak Knoll. Ho is the chief of ophthalmology at the hospital.

In addition, Ho has also distinguished himself as a community-involved physician according to Dickerson. The eye doctor is a reserve police officer and rescue helicopter pilot who deals first hand with the traumatic outcome frequently caused by substance abuse. "He has devoted a considerable amount of time to youth education as well," Dickerson said.

"The AFP and NACOP see the problem of drug and alcohol

abuse in the United States as a war," said Dickerson. "Both Captain Ho and Captain Espiritu are recognized as champions in this fight. They are truly outstanding role models for our youth, both civilian and military."

Stout and Williams lauded as top performers

NAVY DENTAL CLINIC, BREMERTON, WASH. — Dental Technician Third Class Amy Stout was named the Junior Sailor of the Quarter for Naval Dental Clinic, Bremerton. Petty Officer Stout's effort in the command mandated HIV record screening earned her praise from the command and branch clinic.

Yeoman second class "Willie" Williams was selected as the command's Senior Sailor of the Quarter for his efforts at reorganizing and updating material in the administration department of the clinic.

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'Adopt-a-school'

Oak Knoll/Skyline partnership has promising future

By Andree Maréchal-Workman
NORWESTER Staffwriter

NAVAL MEDICAL COMMAND, NORTHWEST REGION — When two of the finest educational institutions in the Bay Area join hands in a partnership, the results are spectacular.

Skyline High School celebrated not only the graduation of its senior class this June, but also the success of an association that began many months ago—Naval Medical Command, Northwest Region's "Adopt a School" program, otherwise known as the Oak Knoll/Skyline/Partnership Program.

Rear Admiral David M. Lichtman, Commander, Naval Medical Command, Northwest Region (GEOCOM) was the guest of honor at the high school's graduation ceremony whose theme was "Nothing Succeeds Like Success."

Commitment

"I know that Rear Admiral Robert Toney will be especially proud to hear about the fine relationship that Oak Knoll has developed with Skyline High School," said Lichtman in his address.

"It was Admiral Toney who reminded me, when I reported here in January 1988, that the Navy had a moral commitment to work closely with the local community."

Toney grew up in Oakland. He was Commander, San Francisco Naval Base, when the idea of a partnership between Skyline and the Naval Medical Command came into focus.

For about seven months an idea germinated, and in November 1983 a beautiful relationship began.

"Lieutenant Junior Grade Don McKeag and I had our initial meeting with Admiral Lichtman, James Welsh (Skyline's principal) and John Scudder (science teacher and program coordinator for the high school) in April 1988," recalled Lieutenant Clarence Thomas, MSC. Thomas is the head of materials management department and coordinator of the partnership at GEOCOM.

"The school's administration and the Admiral identified hard science as their main objective, and we spent the summer doing planning. Weldon Miles, Oak Knoll's head of equal employment opportunity, was also involved in the beginning.

Meaningful Way

So far the partnership is a series of afternoon lectures by medical professionals combined with weekly class visits to laboratories and departments at Naval Hospital, Oakland, (NHO), where students see concepts come alive.

Among the class demonstrations were electrophoresis, chromatography and spectroscopy under the stewardship of Mrs. Betty Anderson, head of the immunochemistry section, Naval Hospital, Oakland.

Biochemistry, the drug screening laboratory, EKG and

treadmill, EMG & physical therapy and nuclear medicine imaging were the subjects demonstrated first-hand during the student tours this year.

Graduating senior Kaymaria Daskarolis highly recommends the partnership program to the junior class. She found the one demonstration she attended at the blood testing laboratory stimulating, but it was the lecture series that appealed to her the most. She attended all but one, and particularly remembers the last lecture on the brain and nervous system conducted by Lieutenant Commander Brian Kelley, MC, of the neurology department.

"They brought this machine with sensors and they hooked it to the head of a boy," she recalled. "Every time we went over, we could see his eyes blink, and there would be different waves on the paper."

The machine was an electroencephalogram (EEG) which measures brain waves. Daskarolis thought it was great to see how all the brain waves and muscles made everything work together."

"I had learned all this in my physiology classes last year, but the lecture and demonstration made me understand better what I had learned," she added.

According to Thomas, after the organizational phase was completed, implementation was turned over to the Hospital administration under the direction of its Commanding Officer, Captain C. Gordon Strom. The program actually started in November 1988.

Successful

Captain Kenneth Sims, MC, head of the laboratory department and director of ancillary services, coordinated the curriculum with the help of Captain Donald Greenfield, the hospital's laboratory manager.

How has the partnership program affected student's performance? Thomas and Welsh say it is too early to tell, because the school administration has not had time to develop an evaluation instrument.

"But we can find out about the program's success through the assignments which the students were given by their instructors," Welsh said.

"The youngsters had to write reports on what they had learned, and the teachers advised the assignments demonstrated a greater understanding of the concepts they were taught in the classroom. Those assignments provide invaluable tools with which to measure the success of the project—they are an indication that something is happening as a result of the partnership."

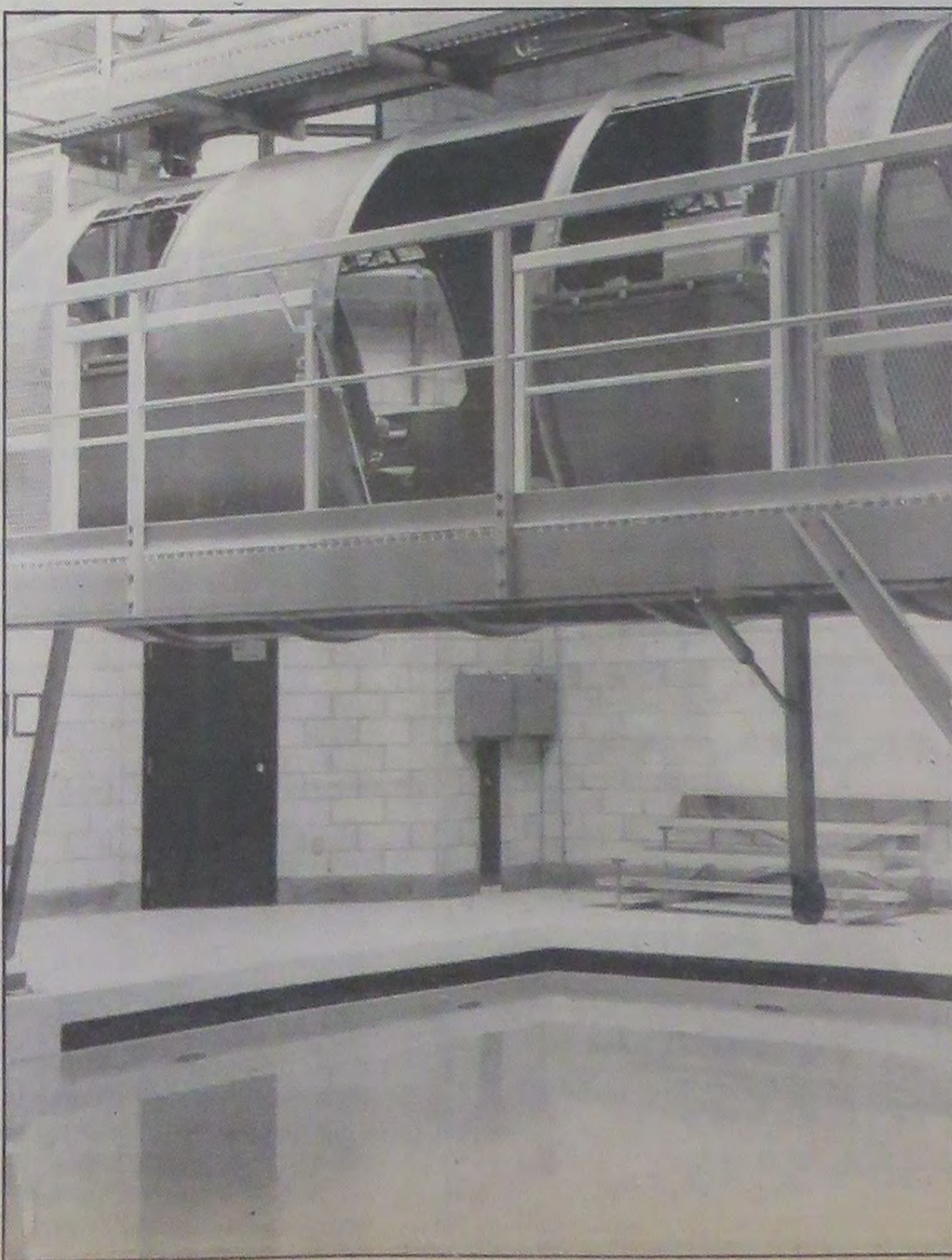
Another proof of success is that 10 out of 95 scholarship awards received by the graduating seniors were to students who participated in the program—notably Roman Olay and John Hayes who received the Navy ROTC and the Naval Of-

See PARTNERSHIP on page 6



(Above photo) Workman inspects modifications to the 9F6 parachute entanglement device. It teaches aviators how to avoid getting entangled in the shroud lines of the parachute after ejection over water.

(Below photo) In a swimming pool at Lemoore's aviation physiology and water survival. The \$1.2 million multiplace egress dunker will be ready for use by the end of the year. The device simulates the ditching of a multiple passenger aircraft. Six people simultaneously try to escape while Navy divers standby to ensure they follow correct egress procedures and to rescue them if they panic.



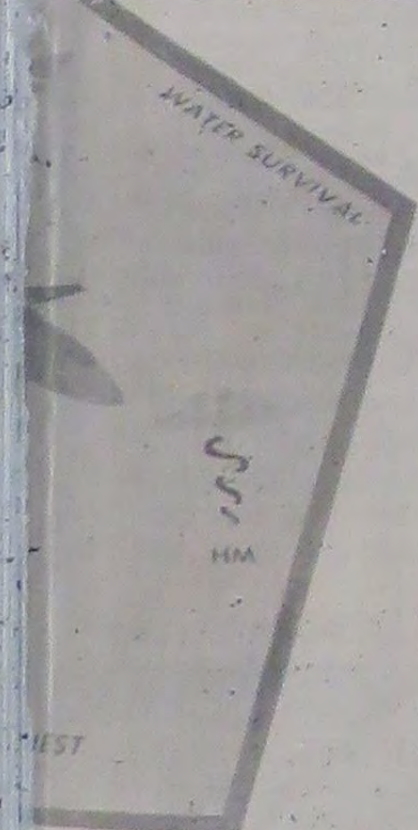
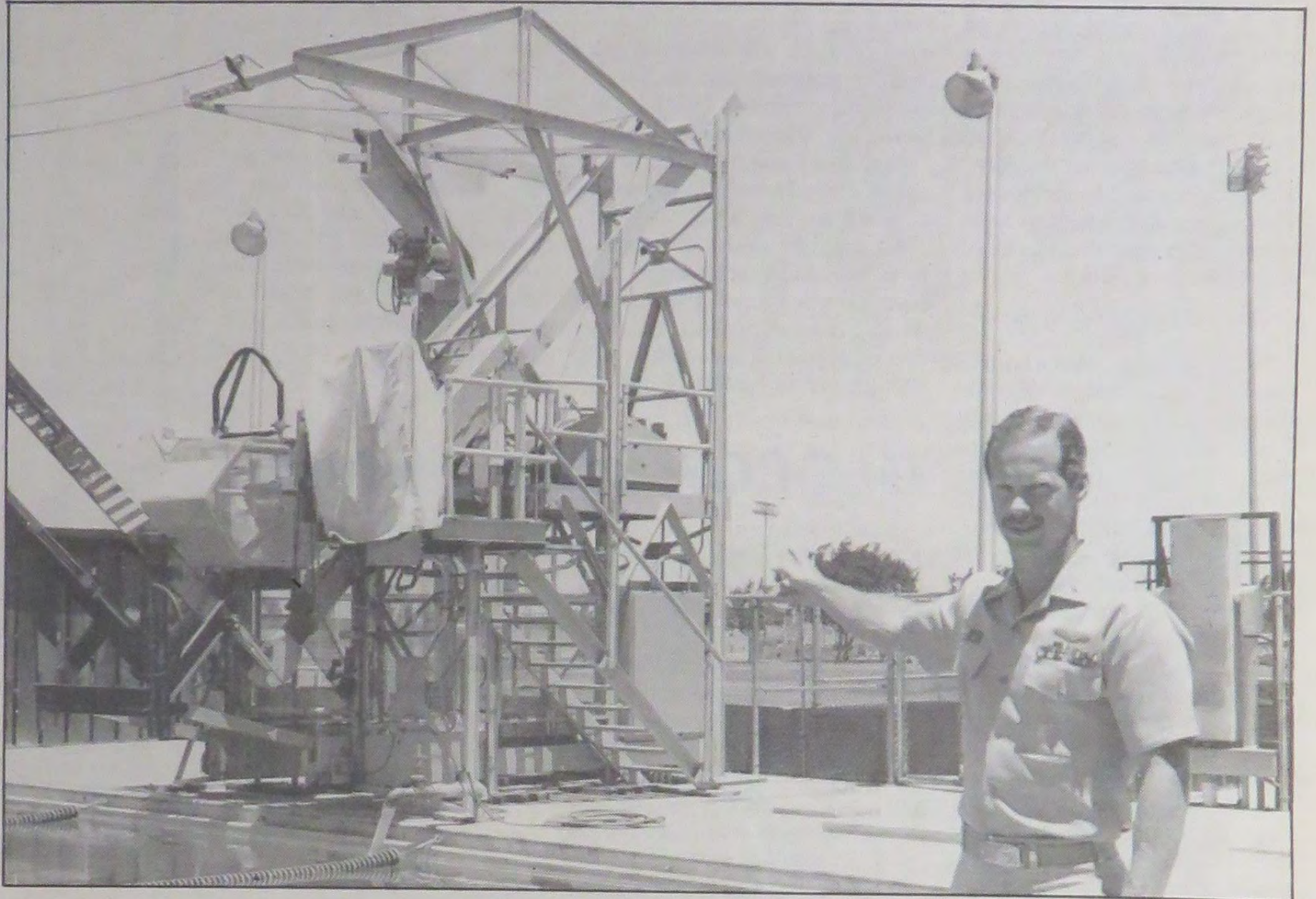
A physiology program at the Naval Medical Command, Northwest Region, Second Class Junior, edited, while a d... teach aviators the... they could use...

Water survival training in the California desert Physiology unit teaches Lemoore aviators to live longer

Photo essay by Diane LaMacchia

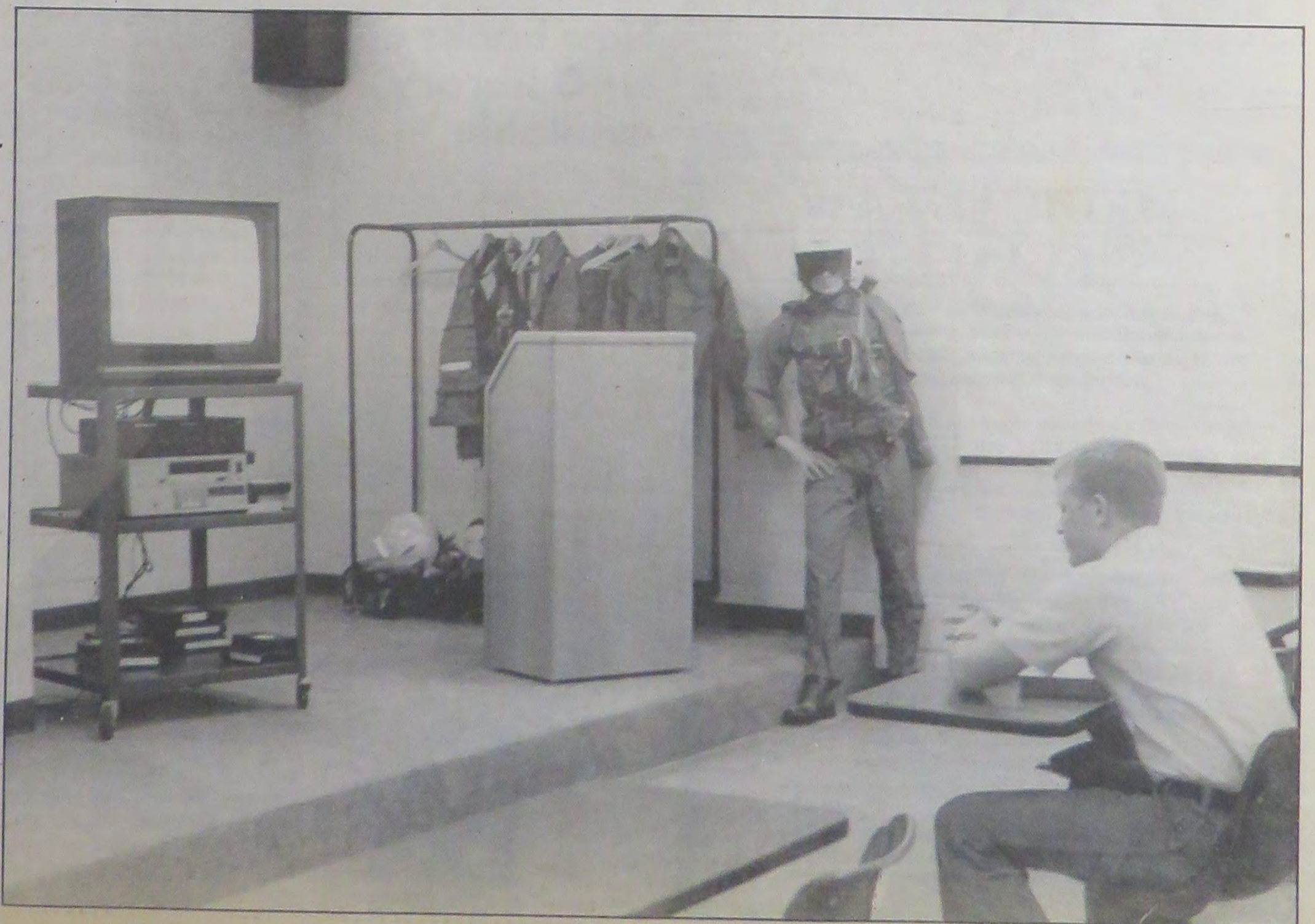
(Photo) Aerospace physiologist Lieutenant Travis Luz, U.S. Navy, is the Navy's subject matter expert on (+GZ), the force gravity exerts on pilots flying high over bombers. Luz teaches aviators proper body techniques including the "G training maneuver" to help them avoid unconsciousness during flight. He also coaches them on eject from the plane. Luz says delaying ejection in cases of saving an aircraft is still one of the biggest killers of pilots. Egress training on the Dilbert Dunker (machine on ground), a 1940s device seen in the movie "An Officer and a Gentleman," teaches the pilot of a single aircraft to safely after a crash landing into water. Soon to be replaced by the 9D5 multiplace egress dunker, Silbert will still come in the Navy. The contraption will be moved from Lemoore to Pensacola, Florida, for the initial training of naval

(Photos) Boots, helmets and flight suits are part of the nearly 40 pounds of equipment pilots and aircrew wear during water survival training. Aviators also wear G-suits to keep the blood from rushing into their lower extremities and help prevent tunneling of vision, grey-out, and, ultimately, G-induced loss of consciousness.



of the \$1.3 million which houses physiology and training program. The medical services, divers, and aviation equipment opened

Navy's water survival training Lemoore, Hospital Corpsman shows a training tape he has just on. The video is designed to teach back strokes—swim strokes for emergency water landing.



At Naval Medical Clinic, Seattle

Navy Relief drive successful

By YN2 Paul Green

Naval Medical Clinic, Seattle, Wash.

NAVAL MEDICAL CLINIC, SEATTLE, WASH. — The Navy Relief Society fund-raising campaign at Naval Medical Clinic, Seattle, Washington, took on an added dimension this year. In addition to direct contribution solicitation, several fund-raising activities were conducted to boost morale as well as to heighten awareness of the Navy Relief Society and its services to Navy personnel. The activities were held during the weeks of May 22nd and 29th.

Pie-in-the-face

Chief Warrant Officer Fourth Thomas Jones, command coordinator of the campaign, felt that simply asking for donations was not enough. "Neither myself nor my assistants were very enthusiastic about personally asking each staff member for contributions," said CWO4 Jones. "Our goal was to raise as much money as possible, and have a fun time doing it." With that idea in mind, CWO4 Jones and his assistants; Hospital Corpsmen Christine Capps, Randall Chandler, Vivia Turner and Seaman Lynette Keirn embarked on a unique carnival-style program that would prove to be both enjoyable and successful.

The first event was a "pie-in-the-face" auction. Seven staff members, including Executive Officer Lieutenant Commander Joe Smith, volunteered to be targets. The pies consisted of whipped cream on paper plates with an assortment of toppings. One pie was auctioned for each volunteer, with the highest bidder receiving the pie and the honor of throwing it at the volunteer. Almost \$300 was raised in this event.

Wheelchair races

Another of this year's events was the wheelchair races. Six 2-man teams each contributed a \$10 entry fee to participate in the races, which were held in the Marine hangar on Naval Station Puget Sound. The team members were judged on their

costumes prior to the race, with Commanders Larry Deck and Jim Kunkler's "Happy Hands" being selected as the winners. The race, which required the standing member of the team to wear a blindfold and the sitting member to eat a stack of soda crackers at the starting gun, was won by the "Dead Heads", a team comprised of Hospital Corpsmen Second Neil "Dr. Death" O'Hanrahan and Tony "Meat Ball" Giltner. The winners received ample amounts of donated bakery items.

An auction and a bake sale were also held, with items for both events donated by clinic staff. Hospitalman Ed Mastrovito donated his services by offering to install tinted window

film to the highest bidder, and the Executive Officer offered his reserved parking space for a month. The bake sale included several varieties of cakes, pies and pastries, and a plastic wheelbarrow filled with brownies that was auctioned off. These two events raised over \$250 for the fund-raising campaign.

Great time

When the festivities had ended, over \$1,000 (an average of \$15 per member) had been raised for Navy Relief. "Overall, the events were much more successful than we had anticipated," CWO4 Jones said. "Everyone had a great time, too."

GEOCOM staff pitches in

Naval Medical Command, NWR — The 1989 Relief fund drive for the staff, Naval Medical Command, Northwest Region (GEOCOM), recently concluded its campaign effort and netted \$2,456.75.

According to Commander E.R. Ghent, Assistant Chief of Staff for Logistics at GEOCOM and the command's overall Navy Relief Coordinator for this year, the military staff who were available during the campaign period all donated, with seventy-one of them giving an average donation of \$29.04.

The civilians also took an active role and donated \$158.00 in cash.

The breakdown is as follows:	
Military Donations (Cash)	\$ 382.00
Military Donations (Allotment)	1,680.00
Civilian (Cash)	158.00
Activities	236.75
	2,456.75

CDR Ghent would like to thank both the military and civilian staff members at the headquarters for their generous contributions.

Partnership from page 4

ficers Association scholarships, respectively.

Science and medicine were not the only subjects the students learned from Navy personnel. They also learned about values and about what happiness and success really are.

"Money is not the ultimate satisfaction" Lichtman said in his address to the graduating class, echoing a sentiment expressed by valedictorian Arthur Turnbull, who asserted that "monetary gain doesn't mean success, it just means monetary gain."

A total of some 995 chemistry, physiology and physics

students participated in the partnership program in 1988-89. Plans are underway to expand its scope in September. Pulmonary function and labs in advanced biology are some of the areas that will be augmented. And, if the partners have their way, NHO medical personnel will be directly involved with Skyline High School's science department for many years to come.

New books at NHO library available

- 1) Wit and Wisdom of Mark Twain
- 2) Lightning by Dean R. Koontz
- 3) Doctor's Guide to Instant Stress Relief by Ronald Nathan
- 4) Hooked by Pauline Kael
- 5) 40 Stones by Donald Barthelme
- 6) While My Pretty One Sleeps by Mary Higgins Clark
- 7) The Russia House by John LeCarre
- 8) Freaky Deaky by Elmore Leonard



Admiral flag from page 2



tain Strom thanked his family and staff for a job well done. He particularly singled out the unsung heroes of the hospital who go about their duties unnoticeably but faithfully. The Captain best summed up his feelings in the hospital's Plan of the Day (POD):

"My time as your Commanding Officer has been the most rewarding experience in my medical and naval career. The 'honor of command' is exhilarating but the best part is working for people like you. I couldn't ask for a better way to serve my people and my country."



(Above photo) Admiral Lichtman returns Captain Strom's salute as the latter relinquishes the hospital's helm. CAPT Strom will be the Medical Officer for the Task Force UNITAS as his next assignment. (right photo) ADM Lichtman (left) and CAPT Strom stand at attention as their orders are read. (Photos by SN Mark Herrington)

Chaplain's Corner

Making Of A Hero

By Father Mel J. Hary
Naval Hospital, Oakland

It took a lot of courage to sign the Declaration of Independence. Look at what happened to those first signers after July 4, 1776:

—Five were captured or imprisoned in the war that followed.

—Nine died of wounds or hardship.

—Twelve lost their homes.

—Seventeen lost everything they owned.

—Most were driven into hiding.

—Every one of them was hunted.

They were offered immunity, rewards, the return of their property or freedom of their loved ones to desert the cause. None did. Such courage is the stuff from which legends and heroes are made.

Real courage is more than just reacting to a threat or making a bold act. We do not account a person courageous or daring who is ignorant of the perils through which he has passed. Nor would we say that a person was courageous unless we were certain that he or she has clearly considered the danger and even the pain, has counted the cost, and yet persevered.

Some, indeed, begin great and heroic enterprises in the flush of enthusiasm, but grow slower and slacker as they gradually realize the dangers and risks. We may call them impetuous or rash, but hardly courageous.

Men and women who have real courage may begin perfectly slowly, so much so that others may well judge them to be half-hearted in their efforts. They seem to have no rush, no swift attempt. They go on, painfully conscious of the difficulties, yet they go on. They have counted the cost. They have sensed how terribly alone they would find themselves. They run no unnecessary risks, but they go on unsparingly, relentlessly. Panic will not affect them, for alone in the solitude of their hearts, they have already faced the danger.

This, then, is the lesson from men and women of courage. They have faced the challenge deliberately, certain of all it entails, not dodging things because they were frightened or too demanding, not pleading off because they were ignorant of the demands. Without support or consolation, they carried through, resisting the thoughts of quitting, of turning in another direction, of giving up.

It sounds somewhat dull and humdrum, but in all walks of life that is what real heroes are made of.

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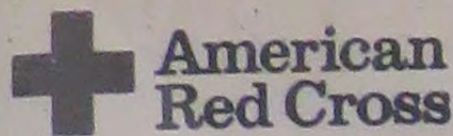
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Good Morning

"Every cloud has its silver lining, but it is sometimes a little difficult to get it to the mint."

—Don Marquis, author

Historical Footnote:

July 20—Former Navy pilot, Neil A. Armstrong, first man to walk on the moon, 1969.

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Friday, July 21, 1989

Vol. IV, No. 11

Oakland, Calif. 94627-5025

Successful toe-thumb operation at NHO

'It's toe's up for Navy pilot'



LCDR Culp (left) and RADM Lichtman observe CDR Satrapa after the toe-thumb surgery.

By Andrée Maréchal
Workman
NORWESTER Staffwriter

NAVAL HOSPITAL OAKLAND, CALIF. — For the first time since 1981 a toe-to-thumb microvascular transplant was performed at Naval Hospital, Oakland (NHO), and a Navy fighter pilot was given another chance to fly in the process.

The future was grim for Commander Joseph Satrapa's career when his right hand was shattered in April during a weapon-testing accident. But, thanks to the expertise of a combined Navy/civilian surgical team led by Dr. Harry J. Buncke and

Lieutenant Commander Randy Culp, the 25-year veteran pilot may be able to resume flight duties in January.

Without the transplant, Commander Satrapa could not have resumed his duties as an F14 fighter pilot/instructor at Naval Air Station, Fallon, Nevada. He is one of the few remaining combat-experienced pilots. He flew 162 missions during the Vietnam conflict.

"An F14 draws enemy fire away from carriers," explained Satrapa. "They fly air cover for

strike groups in combat, and when the bombers go into action, the fighter pilots make sure they are able to drop bombs on target."

Pioneer

"If you lose a thumb, you've lost 50 percent of your hand function" explained Dr. Culp. Translated in fighter pilot language, this means you can't signal or work appropriate gunnery; you can't either grasp or maneuver the joy stick. In other

See **PILOT** page 4

Bremerton gets new CO

NAVAL HOSPITAL, BREMERTON, WASH. — Captain Richard A. Nelson became the new Commanding Officer of Naval Hospital, Bremerton, when he relieved Captain Jack W. Bartlett at a change of command ceremony held July 13 in front of the hospital.

Rear Admiral David M. Lichtman, Commander, Naval Medical Command, Northwest Region and San Francisco Medical Command, served as the guest speaker for the time-honored tradition designed to strengthen the transfer of total responsibility, authority and accountability from one individual to another which is vital to any military organization. The Admiral is also the Commanding Officer of Naval Hospital, Oakland, and Naval Medical Clinics Command, San Francisco.

Certified by the American Board of Preventive Medicine in Occupational Medicine and a

member of the American College of Occupational Medicine and the Association of Military Surgeons in the United States, CAPT Nelson reported to Naval Hospital, Bremerton, from the Office of the Naval Inspector General in Washington, D.C., where he served as Director of Health Care Review Division. CAPT Bartlett will report for duty at Naval Hospital, Oakland, as the command's Executive Officer.

CAPT Nelson entered the Navy via Special Doctor Draft Number 41 in 1967. After spending a short time at Naval Hospital, Corpus Christi, Texas, he served as Senior Medical Officer at the Naval Ammunition Depot, McAlester, Okla. Subsequent assignments included tours of duties at Naval Hospital, Bremerton; Bureau of Medicine and Surgery, Washington, D.C.; and Navy Environmental Health

See **NELSON** page 3

New TI clinic under construction

By SN Laura Martin
NORWESTER Staffwriter

NAVAL STATION TREASURE ISLAND, SAN FRANCISCO, CA — It

was a grey, windy day on Treasure Island when a group of officers met on a vacant lot recently to break ground at last for the new medical/dental clinic, after five years of hard work and

planning.

According to the project proposal, the new building is necessary because of inefficient engineering and energy use in the old building.

"The new clinic will be an exciting change for patients and staff alike," said Lieutenant Craig S. Anderson, Medical Construction Liaison Officer, Naval Medical Command, Northwest Region. "It combines an energy-efficient, climate-controlled building with the most modern medical equipment available. The new building is a culmination of five years of hard work."

The original building was constructed over 25 years ago in a World War II construction style: A one-level building with a main entrance leading to wings. Though it will have less square footage, the new building — a modern two-story construction type — will be more space-efficient. It will cover a total of 53,660 square feet; the old building's surface was 70,000 square feet. The estimated cost for the project is \$13 million.

The new building will house the Naval Station Treasure Island Branch Medical Clinic and the Naval Dental Clinic, San Francisco.

"I am very excited about the new facility and modern equipment we'll be receiving," said Lieutenant F. Baker, Officer in Charge, Naval Station, Treasure Island, Branch Medical Clinic.

Among the dignitaries present

See **TI Clinic** page 6



RADM Lichtman, RADM Bitoff and LT Anderson get ready for the ground breaking ceremony. (Photo by SN M. Herrington)



CAPT R.A. Nelson



CAPT J.W. Bartlett

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CAPT Fred Navarro, Jr., MC, former executive officer and CAPT Jack Bartlett, MSC, former commanding officer at the Bremerton Naval Hospital, were caught by surprise when hospital staff presented them with birthday boards as a token of esteem. CAPT Bartlett had been in the habit of visiting staff members on their birthdays and wishing them a happy birthday. The staff decided turn-about was fair play. (Photo by HM2 Steve Gerold)

A patient appreciation

Editor

All too often the comments one hears about USN medical care and naval hospitals in general are negative.

Several months ago I spent some time in Naval Hospital, Lemoore and my experience was extremely positive. My surgeon, Dr. Stuart Ackley, always seemed to be there, day or night. He inspired great confidence in me, giving me the courage I needed to face the surgery. But, first and foremost, Dr. Ackley is an outstanding surgeon, totally professional.

Actually, everyone I came in contact with (beginning with the person who admitted me into the hospital at 6 a.m.) exhibited a very professional attitude.

Someone recently asked me if I had it to do again would I have my surgery in the naval hospital (only one of the many, many negative questions and comments I received - indicating the general attitude about Navy medicine), and my answer was an emphatic "yes." My follow-on visits to the hospital have been equally gratifying.

I would like to openly thank the entire staff of Naval Hospital, Lemoore, for your professionalism; thank you for caring. I would especially like to thank Dr. Ackley, LCDR Bolden and Petty Officer Curtiss. Dr. Ackley took the time with my surgery to ensure I have no limiting after effects. Bolden was in charge of the ward the majority of the time I was in the hospital and not only ran a "tight ship," but found time to visit me with reassurances and kindness. Petty Officer Curtiss stayed with me the first night after my surgery and never complained no matter how many times I called him. He responded very promptly every time with a smile and a cheery word. Thank you.

CAPT Hopkins, you run a great hospital. I could not have gotten better care anywhere. Great job!

Ellen Habermacher
(This letter was reprinted from the July 7th edition of *The Golden Eagle*, the official newspaper of Naval Air Station Lemoore.)

Navy Supervisor Code

By HMCN J.W. MacIntyre
Master Chief of the Command
Naval Hospital, Bremerton

I am a SUPERVISOR in the United States Navy. I own this Navy! This is my command! Without me and others like me, this Navy and this command would cease to function. By training my subordinates I keep new blood pumping into the Navy's veins. When I slack off, some of the vigor leaves its muscles.

Today I will:

Teach one of my subordinates some new Navy skill; help one of my people professionally.

Tomorrow I will:

Show one of my subordinates how a Navy cruise can be put to their advantage whether or not they remain a sailor.

This week I will:

Commend at least one of my subordinates, either privately or publicly, to their Division Officer or shipmates.

This month I will:

Give at least ten off-duty hours in aiding my people to prepare for advancement.

I will use that time also to recheck my own professional knowledge and read at least one bill in a new naval subject.

This year I will:

Do my best to reenlist one of my junior shipmates. At all times I will: Be proud of my Navy, my command and my sailors!

NORWESTER

RADM David Lichtman
Commander

Diane LaMacchia
Public Affairs Officer

JO1 Dan Guiam
Asst. PAO/Editor

JO2 Tami Begasse
Photojournalist

Andrée Maréchal-Workman
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Navarro to Subic Bay Hospital

NAVAL HOSPITAL, BREMER-TON, WASH. — Captain Fred Navarro, the Executive Officer of Naval Hospital, Bremerton will take the helm of Naval Hospital, Subic Bay in the Republic of the Philippines this month as its new Commanding Officer.

"The Surgeon General wants me to go to Subic for one particular reason," said the Captain. "I have corporate knowledge of the place and I may be able to blend in better and have a good rapport with everyone."

CAPT Navarro spent two years as a surgeon at Naval Hospital, Bremerton, and as its executive officer for the last year. He spoke of the advantages and disadvantages of being both a surgeon and the Executive Officer of the command.

"The disadvantage is that there are not enough hours in the day sometimes to handle both jobs," he said. "My primary concern is my patients, and if I'm needed in clinic, administrative tasks are set aside until patients have been cared for. Paperwork can wait but patients often can't."

"The advantage of the dual position is that I can keep my skills up," he continued. "I can continue to function as a surgeon and fine-tune my skills as an administrator as well." He said that he is able to accomplish both jobs because of the support of his administrative staff who kept him and his busy schedule on track.

Upon assuming command at Subic, it is CAPT Navarro's intention to continue to function as

a surgeon, although in the beginning he will spend his time becoming familiar with his staff and the command mission. Subic is smaller than Naval Hospital, Bremerton; 90 beds versus 130, with the basic specialties, general surgery, internal medicine, pediatrics and orthopedics.

CAPT Navarro has already prepared his "Statement of Mission" stressing "quality health care services, to all our beneficiaries—most specifically to the fleet."

Upon completion of his tour in Subic, CAPT Navarro hopes to return to Bremerton. He has 20 years in service and although he has started planning for retirement, he does not anticipate getting out until his children have completed college.

Crowe bares retirement plans

WASHINGTON (NNS) — The nation's highest ranking military member will retire this fall after 47 years in uniform. Chairman of the Joint Chiefs of Staff Admiral William J. Crowe, Junior announced his decision to retire on NBC's "Meet The Press" June 30.

"I think I should spend the next two or three months trying, in some thoughtful and rational way, to digest what I've been through — and it's been a sort of pressure-cooker; we've had an awful lot of things happen on my watch," he said reflecting on his four years as the uniformed leader of America's military.

One major development has been the change in the Soviet Union. "I think we should continue to work toward exploiting the opportunities as they present themselves and continue the military-to-military process," Crowe said. "It's just one step in a larger process, but we have developed an atmosphere that I think is helpful."

Admiral Crowe's term as chairman, a post he has held since 1985, will end September 30, 1989. The announcement came just after his return from a visit to the Union of Soviet Socialist Republics (U.S.S.R.) where he observed soviet military operations firsthand.

"What I saw was an attempt to do exactly what they say they are trying to do," Crowe said. "Change is everywhere, but the task they've taken on is immense . . . I think they have a monumental task ahead of them with significant difficulties and it will take time to turn the corner."

Admiral Crowe began his naval career enlisting in the reserves in 1942. He entered the Naval Academy in 1943 and was commissioned in 1946. His first assignment was aboard the destroyer mine sweeper USS Carmick (DMS 33) before attending the Naval Submarine school in New London, Connecticut. Admiral Crowe "earned his Dolphins" aboard USS



Flying Fish (SS 29) in 1950.

He served as Executive Officer aboard USS Wahoo (SS 565) and commanded USS Trout (SS 566). As a Flag Officer, the chairman's positions included commander, middle east force; Commander-in-Chief, allied forces Southern Europe; and Commander-in-Chief, Pacific Command. He was chosen to head the Joint Chiefs of Staff in October 1985.



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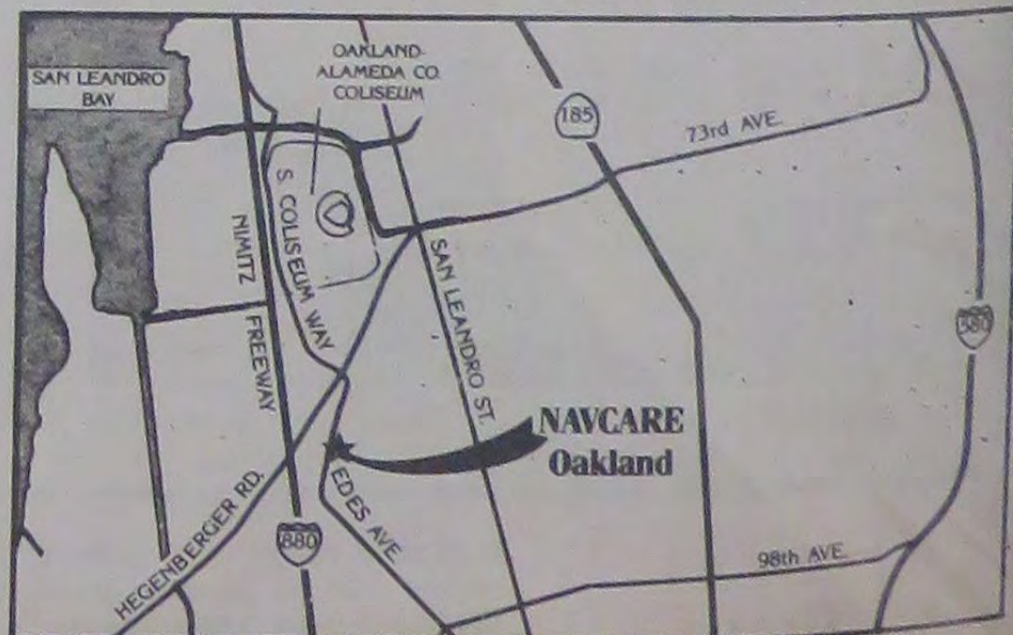
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LCDR Bruckner examines knee x-rays of a patient. (Photo by Dan Guilan)

Bruckner recognized

By Andree Marechal-Workman
NORWESTER Staffwriter

NAVAL HOSPITAL, OAKLAND, CALIF. — Naval Hospital, Oakland, had done it again! After losing out to San Diego for three years in a row, orthopedic resident Lieutenant Commander James D. Bruckner, MC, U.S. Naval Reserve, captured the Navy Medicine research competition award.

For the past four years Navy Medicine has sponsored a competition for residents who have done clinical research at each of the four major teaching hospitals: Naval Hospitals, Bethesda, Oakland, Portsmouth and San Diego.

This year, staff and fellow entries were added, and a winner was selected from a pool of four winning papers at each hospital.

"I am honored to have received this award," said Bruckner. "The other resident and staff papers presented were of excellent caliber and reflected the quality of the educational programs in their respective institutions."

According to Bruckner, the research was based on a study of the results of non-operative treatment of acute tearing of the anterior cruciate ligaments in

young active duty military personnel.

One of the primary ligament stabilizers of the knee, the anterior cruciate ligament is frequently injured in competitive and non-competitive sports, as well as in other active duty-related accidents.

"Orthopedists usually agree that, if possible, reconstruction or repair of the ligament at the time of acute tear is indicated in order to return the athlete to competitive sports," Bruckner explains.

Reconstruction

But, in the orthopedic community, there is a great deal of controversy and argument about the most appropriate treatment of this type of injury — about reconstruction versus non-operative treatment.

The research was conducted by obtaining follow-up reports on a group of 72 active duty patients who were treated with the same non-operative regimen of bracing and rehabilitation. Bruckner and his colleagues were able to show a consistent pattern of problem recurrences.

"On an average of approximately four years after their injuries, they had a significant incidence of problems with their injured knees," he said. "These

problems included pain, continued instability, swelling and, more importantly, inability to perform in both sports and regular daily work and leisure activities to a level they desired."

The subject of the research is very important to Dr. Bruckner and to other orthopedic staff-members at Naval Hospital, Oakland.

Time-consuming

"It has already noticeably altered our treatment approach to patients with acute anterior cruciate ligament tears," he continued. "We are currently able to inform these people that there is a high likelihood — that is, over 70% chance — that, in the long term, they will have significant problems with their injured knee if the ligament instability is not restored surgically."

The research was time-consuming, but it was well worth the effort. Its success was due, in part, to the outstanding clinical records kept by orthopedic medical personnel. The records provided an excellent data base for the residents and his coauthors in their research.

Polished seminar

The success of the project was also due to the professionalism and expertise of the Orthopedic Department whose staff encourages (and assists) residents to conduct research projects for presentation in highly polished seminar formats.

"This particular research project discussed a difficult and common clinical problem encountered by orthopedists who treat active duty military personnel," Bruckner said, "And I think this definitely contributed to the significance of the paper."

Bruckner chose orthopedic surgery as a specialty because it offers a wide variety of surgeries in a field that is constantly changing as orthopedic implants and technical capability improve.

"It is a very dynamic surgical subspecialty, and in this way it is very exciting to be participating in it," he said.

NELSON from page 1

Center, Cincinnati, Ohio.

CAPT Nelson's other assignments included serving as Director, Occupational and Environmental Health Service, Naval Regional Medical Center, Bremerton, Wash.; Head, Medical Department, Naval Submarine Base Bangor while the station was being commissioned. He was also Medical Department Head, Puget Sound Naval Shipyard, Bremerton; Commanding Officer, Naval Environmental Health Center, Norfolk, Va.; Director, Occupational Health and Preventive Medicine Division, Naval Medical Command (MEDCOM), Washington, D.C.; and Deputy Commander for Fleet and Readiness Support, MEDCOM.

CAPT Nelson's personal awards include the Legion of Merit, Meritorious Service Medal, and the Navy Achievement Medal. He is married to the former Alice Faudree of McAlester, Okla. They have two sons, Jesse Alan and Rainey Aaron.

Fisher earns MECP commission

By HMC(SS) George Pearson,
Command Chief

Naval Medical Clinic, Seattle, Wash.

NAVAL MEDICAL CLINIC, SEATTLE, WASH. — Hospital Corpsman Third Class David C. Fisher, Naval Medical Clinic, Seattle, Wash., was recently selected for the Medical Enlisted Commissioning Program (MECP). Petty Officer Fisher will enter Seattle University's Registered Nursing program this September to embark on a full-time curriculum. Upon completion, he will earn a Bachelor's degree in Nursing and a commission in the Navy Nurse Corps.

"This is something I have been working toward for near-

ly five years," Petty Officer Fisher said. "Now that I've been selected, I can hardly wait to get into college and get started." He has been attending local community colleges in his off-duty time to prepare for the program. Incidentally, he has also been selected for frocking to Hospital Corpsman second class in July.

Duty stations

Petty Officer Fisher's previous duty stations include Naval Hospital, Bremerton, Washington, and Navy Mobile Construction Battalion (NMCB) 40, Port Hueneme, California. He is currently assigned to the Family Practice Department of Naval Medical Clinic, Seattle, as a general duty corpsman.

Oak Harbor nurse prepares thesis

NAVAL HOSPITAL, OAK HARBOR, WASH. — A study of 27 dependent children between the ages of 6 and 12 indicates that military youngsters cope with stress and anxiety pretty well when compared to children of civilian parents.

While the level of stressful life events was high, the youngsters in the study scored well. Sons did not fare as well as daughters, however; and the study's author

observed that this perhaps "supports the hypothesis that father absence has a greater effect on the sons."

The study was conducted by Lieutenant Commander Kristin S. McHarg, NC, in preparation of a Masters Degree thesis. She is assigned to Naval Hospital, Oak Harbor NAS Whidbey Island, Wash. Her study involved 27 children whose fathers were on six-month deployments.

Future PA

Hospital Corpsman First Class Patricia A. McCauley, Laboratory Supervisor at Naval Medical Clinic, Seattle, was recently selected to attend the Physician Assistant School in San Diego this fall. She will be commissioned an ensign in the Medical Service Corps upon completion of the course. (Official U.S. Navy Photo)



Join 'AIDS Walkathon' Sunday

NAVAL BASE SAN FRANCISCO, CALIF. — A walkathon to benefit AIDS research and education has been scheduled for July 23. Billed as "AIDS Walk San Francisco," the event will start at 9 a.m. from the bandshell in Golden Gate Park. Participants will walk together in a public display of determination to fight the AIDS epidemic. San Francisco Mayor Art Agnos is walkathon chairperson and will participate. KGO newstalk radio

and television is one of the many sponsors participating.

Chief Aviation Electrician's Mate Mary Lisenberg of the Aircraft Intermediate Maintenance Department at Naval Air Station Alameda is soliciting for others who would like to walk together as a group.

Sailors who wish to participate should call Lisenberg at Com (415) 869-3014, or autovon, 686-3014.

How to deal with angry patients

By LT K.A. OSMAK
Naval Hospital, Oak Harbor

NAVAL HOSPITAL, OAK HARBOR, WASH. — So many of us have had an experience in dealing with an upset or angry patient, which in turn may upset us. The key to handling this type of patient is through empathy — putting yourself in the other person's shoes. Most patients are not in the hospital because they want to be. They are often under a great deal of stress, which may be influencing the way they act. Take time to listen to what they

are saying. This may be just what the patient needs. Be patient, show that you are concerned, interested and there to help.

What not to do? First, avoid arguing with the patient. Whether the patient is right or wrong is not the issue. If you are the patient contact representative and have attempted but have not been able to resolve the situation, refer the case to the Patient Administrative Department. Our goal is to solve patients' problems before they leave the hospital.

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PILOT from page one

words, you simply can't fly a plane.

"The patient had been transferred from Reno to Ralph Davies Medical Clinic in San Francisco," Buncke said. "We were unable to salvage his hand, and we agreed to go to Naval Hospital, Oakland, to perform a toe-to-thumb transplant."

This was not the first time microvascular reconstruction was done at NHO. According to Buncke, it was at Oak Knoll Hospital, in 1970, that he pioneered the historic worldwide microsurgical revascularization of scalp defect in collaboration with retired Navy plastic surgeon, Captain Donald McLean.

Collaboration

Dr. Buncke was discharged from the Navy in Mare Island in 1946 after serving in the Pacific during WWII, where he received two U.S. Presidential Unit Citations for outstanding submarine service.

His heart never really left the Navy, however, and he has served as a civilian consultant at Oak Knoll for many years. In February 1981 he worked with Rear Admiral David M. Lichtman to transplant two toes to the thumb and little finger of Navy Chief Electrician's Mate Deane E. Rapp.

Lichtman, who was then chief of orthopedics at NHO, is now the hospital's commanding officer. His objective for microsurgery is the same today as it was then: "to do everything we can to allow the service member to return to full active duty."

Lichtman and Buncke are both members of the American Society for Surgery of the Hand (ASSH). They collaborated in many joint medical ventures, including the development of a microvascular surgical exhibition sponsored by ASSH and presented by the Navy.

Intricate

Dr. Culp was the Navy primary surgeon who did the Satrapa transplant under the direction of Dr. Buncke. He had done several microsurgical reconstructions when he was a fellow at the University of Pennsylvania two years ago, and he was delighted to have had the opportunity to work with someone of Buncke's reputation.

"Drs. Lichtman and Buncke are the best among the few physicians who specialize in this type of transplant," said Culp.

"Dr. Buncke volunteered his services free of charge and brought his special equipment and staff with him. It was very generous of him."

The transplant itself was intricate, but the nine-hour operation would have been shorter if it had not been necessary to do some bone grafting in Satrapa's hand and in his index and long finger.

Abnormalities

"We isolated blood vessels, nerves and tendons coming in and out of both hand and toe, and simply connected them all," Culp continued. "It was a complex operation, and having Dr. Buncke here was an advantage because he has done so many of these transfers that he could recognize abnormalities immediately."

Beside Dr. Culp, the following individuals were part of the Navy surgical team: Commander Charlotte Alexander and Lieutenant Commander Jack Ternes who acted as coordinator between the military and civilian teams. Dr. Alexander is head of hand surgery service. Dr. Ternes is a resident currently doing work in hand surgery.

Lieutenant Commander Michael Gallaher, head of the orthopedic nursing department and Lieutenant Cindy Potter, branch head of hand orthopedic nursing department were operating nurses during the surgery. Hospital corpsman third class Rachel Elis was the scrub technician.

According to Gallaher, Potter and Elis volunteered their time to observe the surgical procedure at Ralph Davies Hospital in order to be ready for the operation.

Dr. Buncke's staff included Dr. William Lineaweaver, hand specialist in plastic and reconstructive microsurgery. Richard Prouty was the operating room technician, while Polly Slama and Linda Cordano, RN, were operating room nurses.

And let us not forget the very happy patient without whose consent the transplant could not have taken place. "I feel good" he said a week after the surgery. "My thumb is back in action and I've got my ticket to fly again."

Corpsman almost gets a degree

By HMC(SS) George Pearson, Command Chief
Naval Medical Clinic, Seattle, Wash.

NAVAL MEDICAL CLINIC, SEATTLE, WASH. — Hospital Corpsman First Class (SW/AW) Timothy L. McMinn of Naval Medical Clinic, Seattle, Wash. was much closer to earning a bachelor's degree than he realized.

Petty Officer McMinn, while verifying his microfiche record in preparation for the CPO selection board, noticed that his service record was full of various courses he had completed in his fourteen year career. He then requested that

George Washington University evaluate his previous college credits and experience as an Independent Duty Corpsman (IDC). The university completed the evaluation, with Petty Officer McMinn needing only 47 additional credits to earn his Bachelor of Science degree in Health Science.

Many of the credits he needs may be obtained through local preceptorship. Upon recommendation from his supervising physician, the university will award him an appropriate number of college credits. He will attend a local community college to earn the few additional credits required.

Navy's

By LCDR Mary E. Quinn, NC
Special to the Norwester

NAVAL HOSPITAL, OAKLAND — There was a feeling of excitement in the air as the Director of the Navy Nurse Corps, Rear Admiral Mary Hall, arrived in the Bay Area for a five day site visit. On May 5 and 6 she had a very busy, informative



RADM Hall chats with LCDR M. George (left) and LCDR L. Parker at the Dialysis Unit, Naval Hospital, Oakland. (Photo by CAPT J. "B" Glass)



The Admiral meets with Oak Knoll's Labor and Delivery staff nurses. From left to right: LCDR S. Gharabagli, LTJG J. Williams and LTJB K. Baultman. (Photo by CAPT J. "B" Glass)



RADM Hall is treated to a picnic at Oak Knoll. (Photo by CAPT J. "B" Glass)

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Medical Clinic at Treasure Island. A tour of the NAVCARE Clinic and the Health Science School's Command followed. At a luncheon at the Officer's Club the Admiral learned about the many initiatives developed by the nurse recruiters and GEOCOM nurses in the area. Personal interviews that afternoon afforded the staff to meet individually with their Director. Her visit ended with a reception with the senior nursing staff in the beautiful setting of the Tower Club at Treasure Island. The rain subsided and the Admiral was able to experience a breathtaking sunset while enjoying a panoramic view of the bay.

During the Director's call at Oak Knoll, Admiral Hall gave a snapshot of the Navy Nurse Corps with force structure, end strength, educational breakdown and recruiting goals and attainment. The challenges and changes occurring in the nursing profession today, and how this is affecting the Navy Nurse

Corps were reviewed. The advanced NEC for corpsmen, Nurse Corps billet realignment, involvement/interface of the Reserve community and placement of the Director of Nursing in the Executive suite were some major points presented.

Admiral Hall offered many innovative solutions which have been instituted to help deal with our present nursing shortage. These included legislative action to obtain DOPMA (Defense Officer Personnel Management Act) relief to improve promotion opportunities for nurses, incentive special pay for nurse anesthetists and other nurses in critically short specialties, a nurse corps accession bonus, scholarship programs, and the use of civilian contract nurses to assist during this transition time.

LT Al Twocrow, President of the Junior Nurse Corps Council, was asked what Admiral Hall's visit meant to the junior nurses. He stated, "It was very significant for us to have her take time

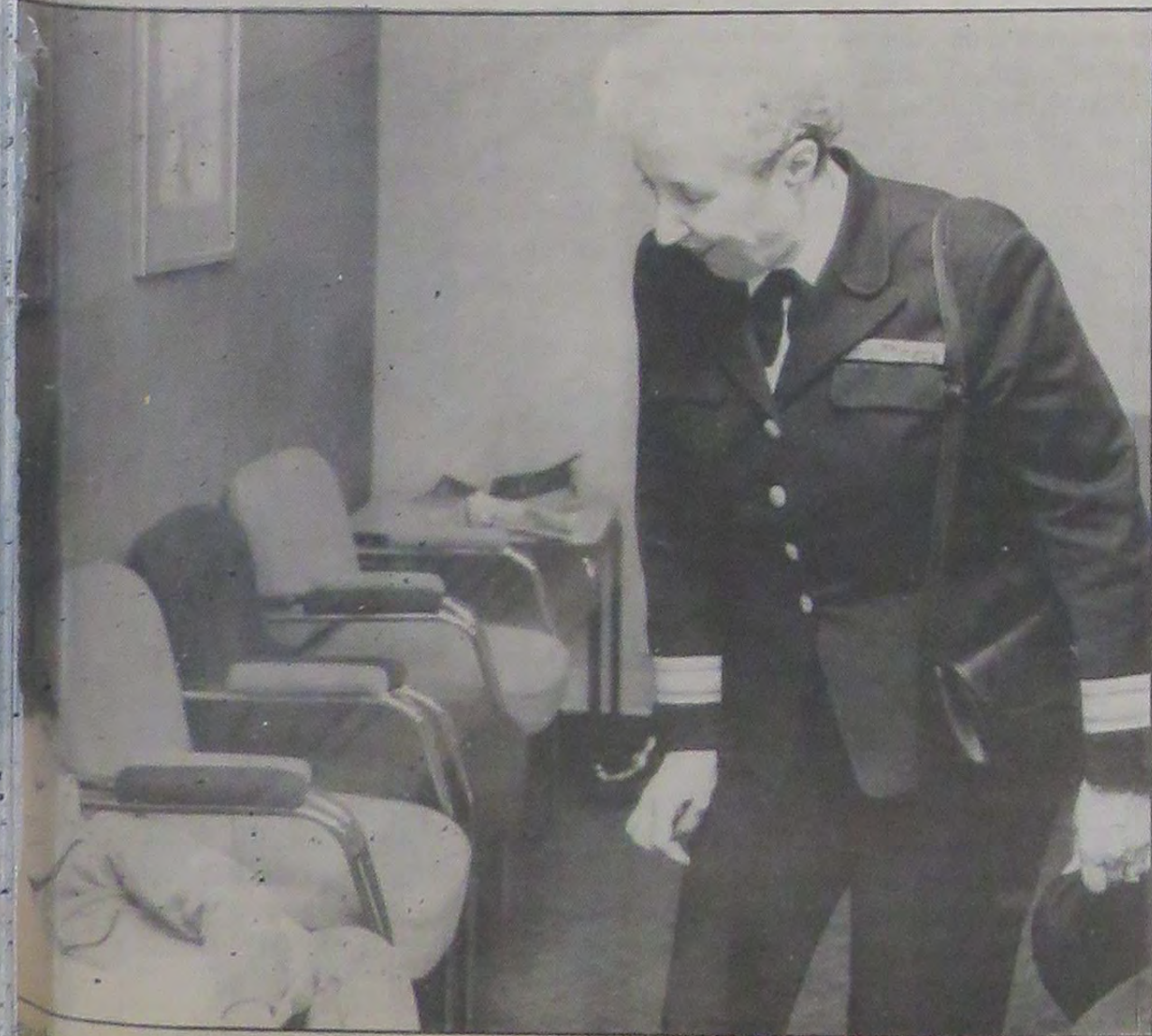
from her busy schedule to make a site visit and to hear our concerns first hand." LT Twocrow felt it was a real morale boost. CAPT Glass, Director of Nursing Services, at Naval Hospital, Oakland, stated that while there was no "magic fix," the staff was able to hear from the top, that there is a plan and it is on track.



RADM Hall with (left to right) CAPT Linn, Mrs. S. Dempsey and CAPT J. Pruchniack. (Photo by CAPT J. "B" Glass)



Another photo souvenir with Bay Area Navy nurses. Front row (left to right): LT T.J. Young (Alameda Clinic). Back row (left to right): LCDR L.L. Hammond, LCDR L.M. Herrera (Moffett Clinic), LCDR M.B. Robard (Treasure Is. Clinic) and LCDR L.M. Herrera (Oakland). (Photo by SN M. Herrington)



Admiral Hall and her son during her visit to the NAVCARE Clinic, Oakland. (Photo by SN M. Herrington)



The staff nurses at Naval Hospital, Oakland, hosted an early morning breakfast for the visiting Director of the Navy Nurse Corps. (Photo by CAPT J. "B" Glass)



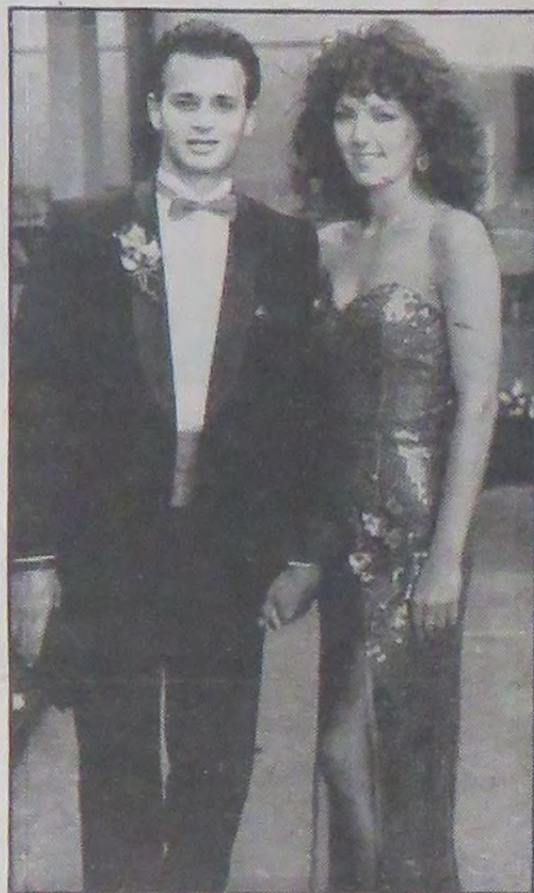
Part of the audience during the Admiral's call held in the clinical Assembly of Naval Hospital, Oakland. (Photo by CAPT J. "B" Glass)

Hospital Corps Birthday Ball in Bay Area a resounding success



Taking the Oath

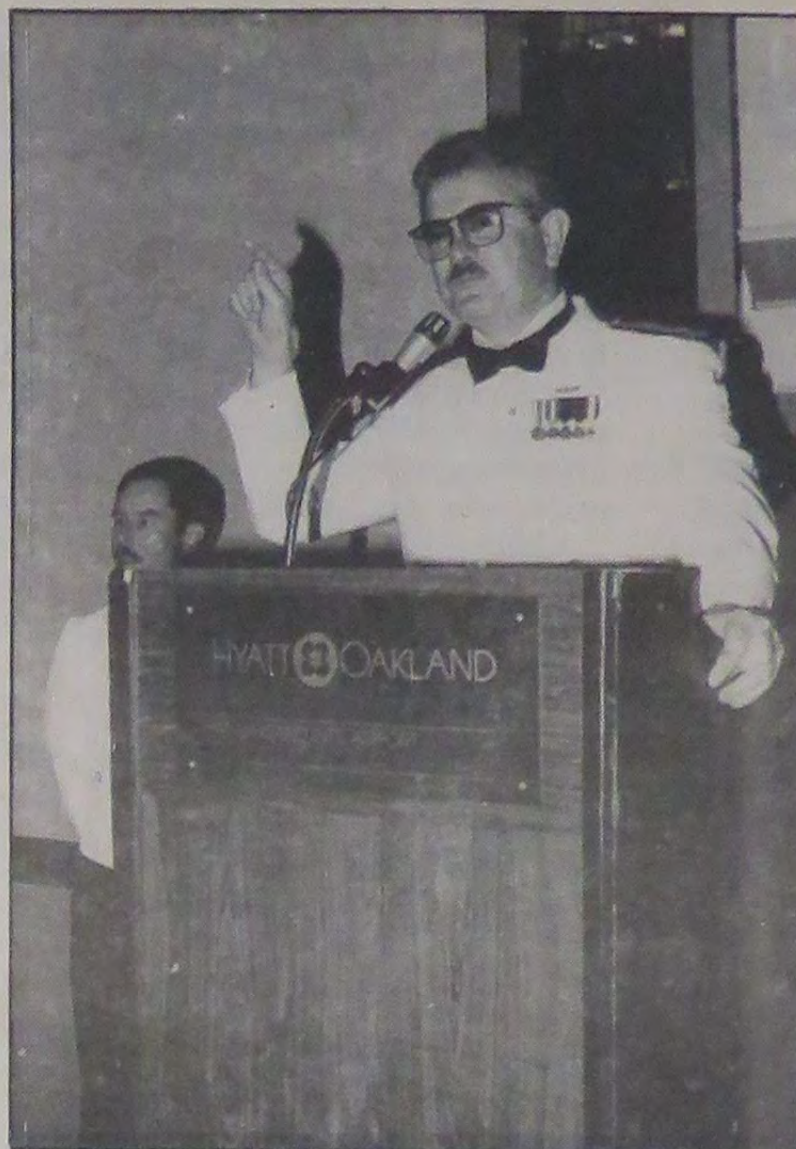
For most, it was a memorable event set against a backdrop of elegance and camaraderie. The many long hours devoted to making the affair a success was evident that night as everyone literally had a good time. Master Chief Hospital Corpsman Michael Stewart, the overall organizer, truly deserves a pat on the back.



Glitter and gold

Sumptuous cuisine

Photos by SN Mark Herrington



An inspirational guest speaker

Chaplain's Corner

By CAPT R.W. MATTHIAS, CHC, USN

Recently I was listening to the father of a teenager lamenting about the lack of discipline in his son's life. I commented that it was a phase all teenagers seem to go through. Usually we pass through that phase sometime before we commit ourselves to a career or a marriage or anything of a serious nature. If not, the results are always disastrous.

A key ingredient in growing up successfully is a strong sense of discipline, both self discipline, and imposed. Initially discipline is given to us in the home, in school and in our religious training. It is a necessary part of our military structure. But more than that, it is essential that each of us possess discipline in our lives and understand the necessity for it.

Scripture tells us, "For the moment all discipline seems painful rather than pleasant; later it yields the peaceful fruit of righteousness to those who have been trained by it." Hebrews 12:11

Put another way, discipline is not something we have or do as a burden, but something we aspire to because life is simply better because of it. The added bonus is that God blesses us in the process of our growing up.

NHO exceeds Navy Relief goal

NAVY HOSPITAL, OAKLAND, CALIF. — The 1989 Navy Relief Fund Drive for Naval Hospital, Oakland, finally came to an end with a big bang — a resounding success! The campaign netted \$14,346 which is more than what the hospital aimed for this year.

According to Lieutenant Commander Patricia Buss, the hospital's Navy Relief Coordinator, the campaign surpassed their goal and more than doubled last year's total of \$6,586. Cash and check donations amounted to \$4,089 while allotments tallied at \$10,257.

"We collected 143% of our goal," said Buss.

Dental 'C' schools are available

If you are a general Dental Technician, your job skills for a career outside the Navy may be limited. A marketable job skill could be within your reach with a "C" school. For example, the basic Prosthetic "C" School is wide open for qualified personnel. With a recommendation from a dental officer you could attend this school as early as October 1989. For those general dental technicians who are more mechanically inclined, the Dental Repair School could offer a rewarding career. The Navy offers some of the few repair schools which are rated among the best in the country.

Is a naval career in your future? If so, the Dental Administrative School is one of the

best advancement choices. It gives you a basic knowledge of the skills needed to succeed in a naval dental clinic. The school is six months long and will prepare you for the first class and chief's exams.

TA for graduate education

NAVY NEWSGRAM — Officers may now obtain tuition assistance (TA) for graduate education which does not relate to a subspecialty. This change was recently announced in NAVOP 076/89. Consequently, the Naval Postgraduate School (or the Naval Health Sciences Education and Training Command in the case of Medical Department Officers) no longer

All three "C" schools require a 36-month (three year) obligation as of the date the school starts. If you are interested in this type of advanced training see your local career counselor.

must approve an officer's request for tuition assistance. The rate of TA is based upon a cap of 75 percent of a maximum of \$175 per credit hour not to exceed \$395 per course.

Those officers pursuing graduate work in a subspecialty-related area are advised to seek course approval from the Naval Postgraduate School prior to enrollment, to ensure that a

TI clinic from front page

at the ground breaking ceremony were Rear Admiral John W. Bitoff and Rear Admiral David M. Lichtman, Bitoff is the Commander, Naval Base, San Francisco and Combat Logistics One. Lichtman is Commander of the San Francisco Medical Command and Naval Medical Command, Northwest Region. He is also Commanding Officer, Naval Hospital, Oakland and Naval Medical Clinics Command, San Francisco.

subspecialty will in fact be awarded. A listing of subspecialty sponsors is contained in NAVPERS Manual 15839F (Part E).



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Advancement is no accident

By Mike Campbell
Navy Editor's Service

The September Navywide advancement examinations are fast approaching. If you're an enlisted member E-3 through E-5 and are eligible to compete for advancement, you're busy completing your Advancement Eligibility Requirement Checklist. Once you've completed your Personnel Advancement Requirements, mandatory training manuals, passed the appropriate Military/Leadership exam, have your CO's recommendation and satisfy all other eligibility requirements, you're all set to take the test, right?

Not quite. Of all the factors used to compute your final multiple score — standard score, performance factor, length of service, service in paygrade, awards and PNA points — there's only one that you can now directly affect — the score you cut on the advancement exam. Counting for 35 percent of the FMS for E-4/E-5 candidates and 30 percent for E-6s, the advancement exam is what stands between you and a new crow or chevron. Hit the exam — the harder the better — and your chances for advancement are good. From here on in, studying for the exam should be the successful candidate's top priority.

Study

Candidates for advancement should — number one — study, because naturally it improves their score and every tenth of a point has an effect on their advancement chances," said LT Melissa J. Bernardon, head of the Enlisted Advancements Branch at Naval Military Personnel Command, Washington, D.C. "Which may mean that if they had answered one or two more questions correctly, then they would be selected. So maybe half-an-hour more studying a day or even studying a period can have a dramatic effect on their advancement opportunities. And since it means more money in the candidate's pocket, I think they would be more than casually interested in studying. There really is no secret to advancement."

The Advancement Handbook for Petty Officers, which contains the Naval Standards/Bibliography, Occupational Standards/Bibliography and Personnel Advancement Requirements for each enlisted rating, is the key publication in the advancement equation. Thorough knowledge of its contents arms the advancement candidate to the proverbial

teeth, since all questions on the exam come from the OCCSTDs and their supporting bibliographies. The NAVEDTRA numbers for specific ratings are listed in the current BUPERSNOTE 1418.

Sounds simple, but when it comes to studying for the advancement exam, some people are losing the game before it even starts. "I met a third class (petty officer) this week who's been in the Navy as long as I have — over 11 years," said AMSC(AW) Beth Blevins, 1988 Shore Sailor of the Year.

"Advancement should not be viewed as something you do in just two weeks or three weeks, it's a long term event."

—CDR Michael Selby

"She's come up for second class 14 times. When I asked her what she studied, she said, 'I've been studying that "three and two" manual. I can almost read it to you from my mind.' When I asked her what else she'd been studying, she said, 'What else is there?' I find it incomprehensible that we can have a third class petty officer that senior, who's taken the test 14 times, and nobody has taken her and sat her down and told her that the three and two manual is not the only source of questions on the test. So I took her aside and showed her."

Blevins said that the first time she took the second class exam, she had 4.0 performance marks and had fulfilled all the other requirements. But because she had studied only the AMS 2&3 Naval Education Training Course, she did not score well enough to be selected for advancement.

"The second time, thankfully, I had a good chief who sat down and pulled that bibliography out and said, 'Seen one of these? This is what it means: this is how you use it,'" recalled Blevins. "I really do believe that the LPO and the chief petty officer in each division in each command have the responsibility to ensure that we're training our people in how to succeed."

Later, when Blevins prepared for her E-6 exam, she used a system whereby she made flash cards with questions on the front and answers on the back based on every few paragraphs from the AMS OCCSTDs/Bibliography. "Using this system, I made first class when they only made seven (AMSLs) in the Navy, first time up," said Blevins. "I made it because I figured out how to use the bibliography to my advantage. And if you use

that bibliography you've got all of the resource material at your fingertips, because they can't ask you anything that's not in there."

Although consistent, efficient study is the best way to improve your advancement chances for the upcoming September cycle, being selected from among other qualified, test-passing candidates is based on the "whole person concept." This concept considers three factors — knowledge, performance and experience — for all candidates in determining their final multi-

ple scores. For E-4/E-5 candidates the PMA accounts for 30 percent of the FMS; for E-6 it's 35 percent.

"Advancement should not be viewed as something you do in just two or three weeks; it's a long-term event," said CDR Michael Selby, department head of the Navy Advancement Center in Pensacola, Fla. "If you perform consistently, then you'll have good performance marks. Couple good performance marks with good preparation for the exam and you have an enhanced chance of getting promoted."

Bibliography

Selby also had some good advice for those who feel their performance marks aren't high enough to make them competitive in the September exam: Don't blow off the test. "It's never a good idea to blow off an exam, because you may score well enough to get the PNA points for next time," said Selby. "If you blow off a test, you don't feel good about yourself; you're going to feel down for several days. And besides that, you never know what the vacancies are. There may be enough vacancies that they may be selecting enough people and your performance mark might not hurt you that much."

So if you're not quite sure about what you need to do to optimize your advancement opportunities, get the Advancement Handbook For Petty Officers and any other materials pertinent to your rating from your Educational Services Office or Personnel Support Detachment.

As Chief Blevins said, "If you're going to be in the Navy, there's no sense in wasting your time. I'm a lot better off as a chief than I was as a third class."

People, places and events...



Personnelman First Class Alejandro Yanza and Seaman Christine Campbell take top honors as GEOCOM staff senior and Junior Sailors of the Quarter respectively. Both were selected for their outstanding calibre in the performance of their jobs. Yanza is assigned to Plans and Operations Dept. while Campbell works in the Administrative Dept. (Photo by SN Mark Herrington).



Three staffmembers of Branch Hospital Adak recently received the Navy Achievement Medal for sustained superior performance of their duties. The honorees were: (clockwise) LT Kathryn A. Britton, LCDR Linda J. Irvine and HMI Suzanne M. Bulger. LCDR Lee Tompkins, the branch hospital's officer-in-charge, presented the awards.



Bay Area NNOA seeks scholars

NNOA, OAKLAND, CALIF. — The National Naval Officers' Association (NNOA) Bay Area Chapter will grant one \$1000, two \$750 and five \$500 scholarships to African-American U.S. citizens planning to enroll in a year accredited college or university in 1990.

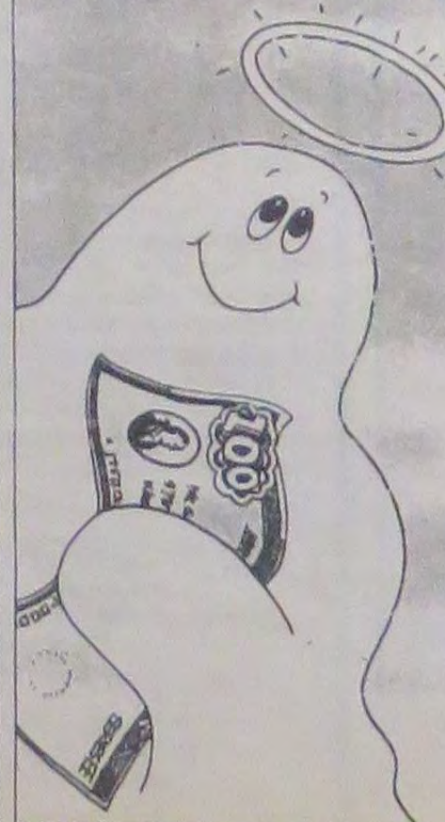
Eligibility requirements and application forms may be obtained by calling Lieutenant Commander Donald Flowers, 15-869-2548 or write to NNOA, P.O. Box 14702, Oakland, CA 94614. Completed application must be received on or before October 20, 1989.

NNOA is an organization of active duty, reserve and retired officers of the Navy, Coast Guard and Marine Corps. One of the organization's primary goal is to support the military in the recruitment of minorities

The National Naval Officers Association (NNOA) presents a Champagne Party Tour to Reno and Sparks, Nevada, Saturday and Sunday, August 26-27, 1989. Bus departures will be from Naval Air Station, Alameda and Mare Island shipyard. Overnight accommodations at the Best Inn, Sparks, Nevada. The

and maintaining a positive image of the military in minority communities. The Bay Area Chapter participates in various community activities in the Bay Area such as providing scholarships and tutorial services.

cost is only \$60.00 per person with a cash and coupon rebate of \$46.00. All proceeds will go towards the NNOA scholarship program. Only 90 seats are available. For ticket information contact LTJG James Jackson at 633-6643 of LCDR Don Flowers at NAS Alameda, phone 869-2548.



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On the Spotlight: Branch Medical Clinic, Alameda
"Disaster preparedness is what makes the clinic unique."
—LCDR Stephen Astrachan, OIC
See centerfold

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

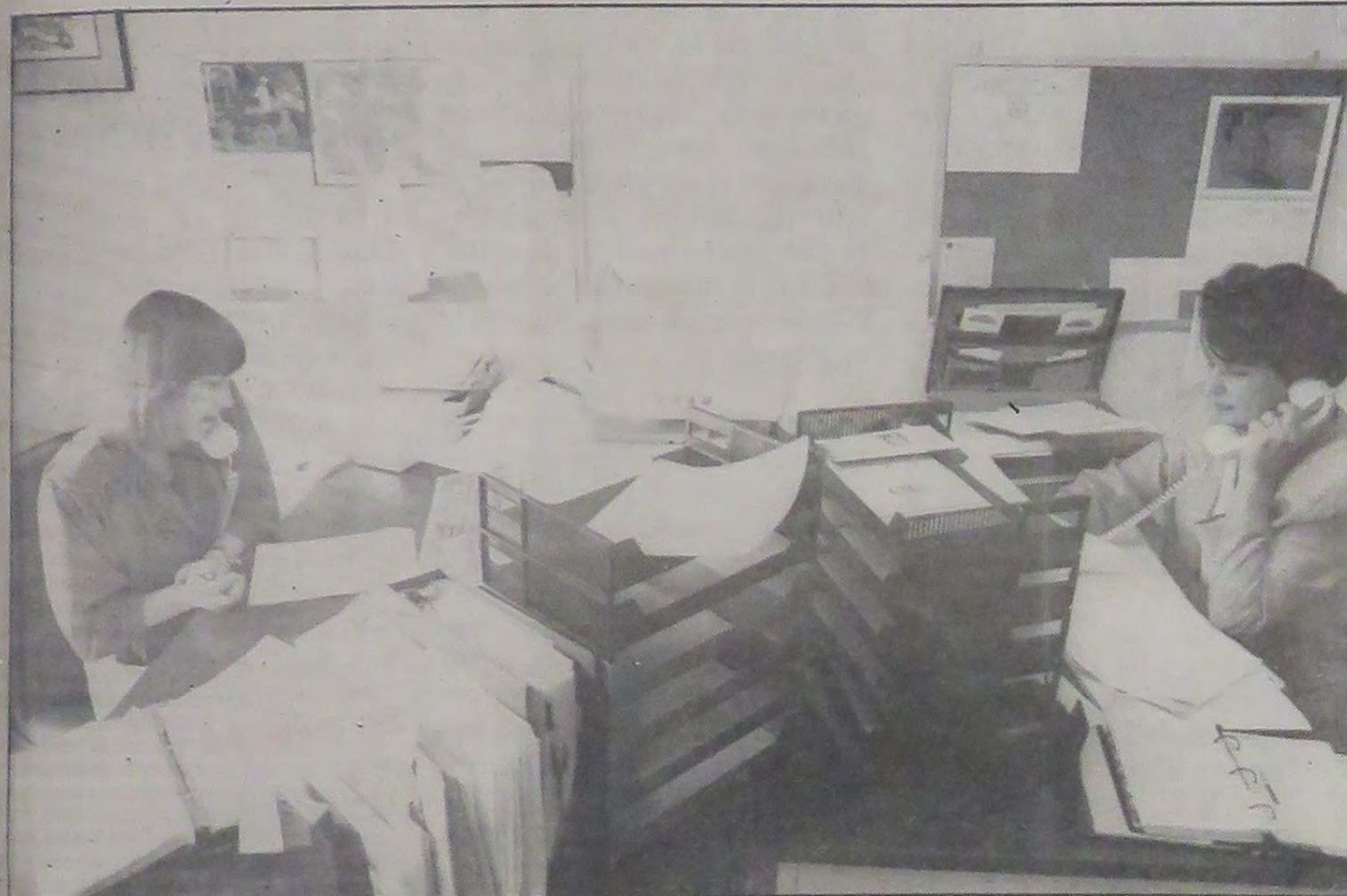
Friday, August 4, 1989

Vol. IV, No. 12

Oakland, Calif. 94627-5025

At Naval Hospital, Oak Harbor

Project CARE spells better patient services



Project CARE coordinators Jane Core, at left, and Diane Groves work in their office at NAS Whidbey. The federal program, with the aid of civilian health care providers, is aimed at reducing CHAMPUS costs and providing better patient care. (Photo by Gretchen Young, Whidbey News-Times).

By Gretchen Young
Special to the Norwester

NAVAL HOSPITAL OAK HARBOR, WASH. — A new federal project aimed at saving money and providing better patient services is underway at the Whidbey Island Naval Air Station hospital.

Coordinators of "Project CARE (Coordinate Appropriate Resources Effectively)," a home health care offshoot of CHAMPUS (Civilian Health and Medical Program for the Uniformed Services), say they hope to reduce military care costs by restructuring the care through case management of some current CHAMPUS clients.

One case deemed a "success" in the demonstration project moved a patient, dying of liver cancer, out of the hospital and into her home where she wanted to be, said Diane Groves, coordinator of the project. Blue Cross of Washington and Alaska are administering the project.

"It actually saved CHAMPUS dollars and got her out of the hospital, giving her a better quality of life," Groves said.

With another patient, a case manager, who is often a nurse specialist, discovered the hospitalized patient simply needed to arrange home therapy for intravenous feeding and a visiting nurse to move home, saving CHAMPUS dollars while allowing the patient to go home, she said.

Beneficiaries do not need to be in-patients to qualify for a

case management referral.

The program's success relies on civilian health care providers in the community who agree to accept payments less than "preferred" providers or equal to "participating" providers the amount allocated through CHAMPUS.

But more importantly, people need to know the program exists, especially retired people, said Jane Core, also a coordinator.

Anyone with questions is encouraged to call or stop by the Project CARE office. The office has a 24-hour message phone at 679-5360 and the hours are 9-11 a.m. or 1-3:30 p.m. at trailer R53, across the street from the naval hospital at NAS Whidbey.

"We'd like to see people calling with questions—maybe someone has a neighbor who's ill and is a CHAMPUS patient," Core said.

The new program is a two-year demonstration project funded through Congress. Its funding expires in July, 1990 unless it is considered a "success" and the funding is renewed, Groves said.

"So far, it's been a roaring success," Core said.

In Oak Harbor alone, the two women have screened hundreds of cases, referring 23 cases to case management workers. The goal for the entire state of Washington, which has four Project CARE offices, was to refer 50 cases this year.

Trivia game nets 100% pass rate at Lemoore clinic

By Andree Marechal
Workman
NORWESTER Staffwriter

NAVAL SCHOOL OF HEALTH SCIENCES, OAKLAND, CALIF. — Trivia games are popular pastimes these days, and many of us have played them at one

fitable business — he has a \$500 Navy Military Cash Award Program (MILCAP) to prove it.

Along with Lieutenant Junior Grade Karen Webb and hospital corpsmen from Naval Hospital, Lemoore, he devised a medical trivia game by using the HM2 and HM3 advancement book.

said, "Some of the ward corpsmen, in collaboration with LTJG Webb, formulated the questions which they distributed among about 500 cards.

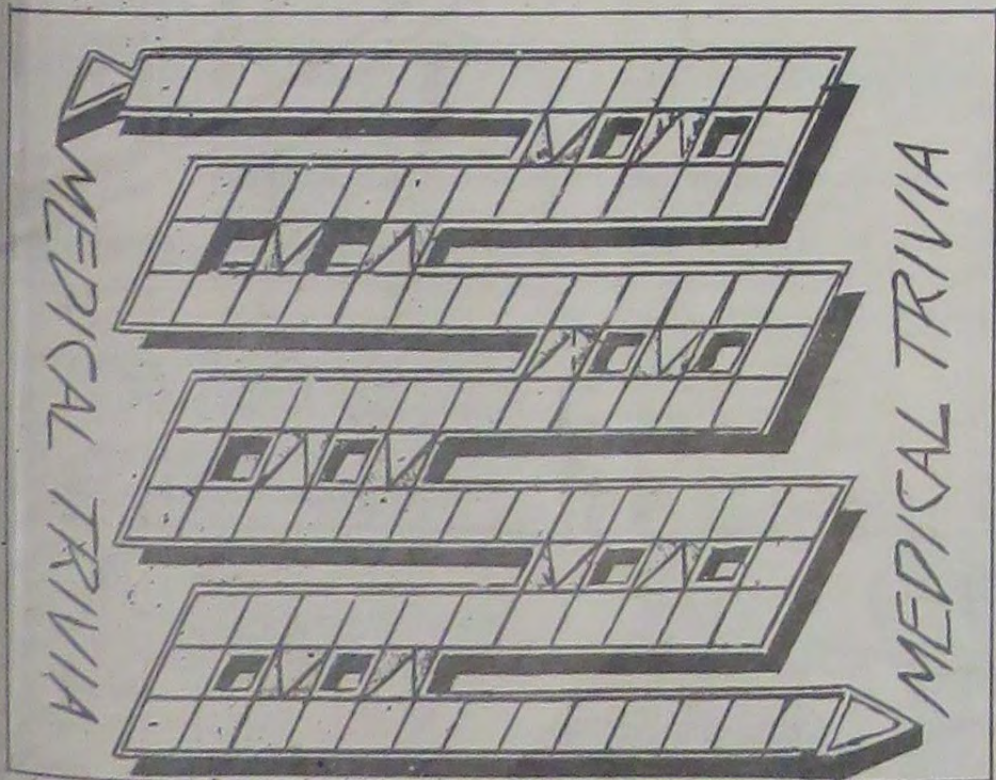
Gallagher was working on Ward A (general emergency surgery) and Ward C (maternity) at the time the game was developed. He was then a hospitalman and advanced to hospital corpsman third class after passing the Navywide examination.

Thanks to the trivia game he designed, not only did he pass the test but his fellow corpsmen did too.

Gallagher's citation reads in part "... the boardgame produced 100% pass rate for Naval Hospital Lemoore corpsmen with a 76% advancement rate, rates far exceeding MEDCOM-wide average."

"I strongly recommend that you forward information regarding the boardgame to the Assistant Chief of Naval Research for Patents, within the Office of the Chief of Naval Research (OCNR), for legal review re possible tradename," wrote Rear Admiral David M. Lichtman, Commander, Naval Medical Command, Northwest Region.

See Trivia game page 4



A drawing of the trivia game conceived by HM Joseph S. Gallagher.

time or another just for the fun of it. But for Hospital Corpsman Third Class Joseph S. Gallagher the game is a serious and pro-

"Lieutenant Junior Grade Karen Webb thought of the concept, and I conceived and designed the board," Gallagher

Bangor clinic sees all kinds of occupational injuries

By Diane LaMacchia
Public Affairs Officer, Naval Medical Command, NWREG

BREMERTON, WA. — In the heart of the vast Navy shipyard on the beautiful Puget Sound, navy workers are pulling missiles out of a ballistic missile submarine, which lies open in two large pieces.

Done to comply with the U.S./Soviet agreement under SALT II, the "cut up" and disarmament of these older submarines is "nasty, sloppy, dirty work," according to Dr. Ronda Luce, senior physician at Branch

Clinic, Naval Shipyard, Puget Sound. About a city block away from the historic disarmament site, the new clinic is equipped to handle large numbers of on-the-job accidents.

Staff here care for the approximately 12,000 civilian Navy employees who repair and overhaul the huge ships in massive dry docks here. Clinic staff treat more than 300 patients every day, at least several of whom arrive by ambulance.

Out of the 300 visits, 30 are likely to be physical therapy patients, and almost 100 come in
See Bangor Clinic page 4

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CAPT Bartlett takes over as Oak Knoll's XO

NAVAL HOSPITAL, OAKLAND — Old timers at Naval Hospital, Oakland (NHO), were greeted Monday by a familiar smiling face in the hospital's executive suite. Captain Jack W. Bartlett, MSC, has returned as NHO's new executive officer.

Prior to assuming command of Naval Hospital, Bremerton, in 1987, the Oil City, Pennsylvania native served as NHO's director for administration.

Bartlett assumed his new post from medical director CAPT Robert Abbe, who acted as the interim XO when the billet was vacated earlier this year.

Bartlett has had 33 years of active duty, enlisting in the Navy in 1956 as a Hospital Corps recruit. He served in Naval Hospitals Portsmouth and New Hampshire; Naval Hospital, Newport; and with the 8th Engineer Battalion, Force Troops,

Fleet Marine Force Atlantic; Naval Air Station Washington, D.C.; Medical Administrative Technician School, Virginia; Receiving Station Brooklyn; Marine Corps Air Station, Kaneohe, and Commander in Chief Pacific.

Following his commissioning in 1967, the Captain served at the Naval Hospital, Camp Lejeune; aboard the USS Wasp (CVS-18); at Naval School of Hospital Administration, Bethesda; and as OIC, Naval Regional Medical Center Branch Clinic, Naval Shipyard, Mare Island. He served as executive officer at Naval Hospital, Lemoore, and U.S. Naval Hospital, Okinawa, prior to reporting to Naval Hospital, Oakland, as director for administration.

Bartlett's decorations include Meritorious Service Medal, Navy Commendation



CAPT J.W. Bartlett

with two awards, Navy Unit Commendation, Navy Good Conduct with three awards and National Defense with star.

Bartlett is married to the former Mary Therese McGrath of Pittsburg, Penn. They have three children; John 27, married and living in Pleasant Hill, Calif.; Leigh 20 and Janeen 16, residing with them.

For Enlisted Eyes only

HMCM (SS) M. L. STEWART
By Command Master Chief

NAVAL MEDICAL COMMAND, NORTHWEST REGION — I heard a sad story the other day about how misinformation almost ruined a sailor's career. It was the fault of some supervisor who did not know the UCMJ, the Navy, or even this hospital's own policies regarding personnel. The most tragic part of the story is that this sailor was told he could not discuss his problem with anyone.

Master library

This story, in one form or another, has been told to me all too many times since I first put on a Navy uniform. For all who have an ear let him hear, this is the straight scoop! You are guaranteed many rights and privileges when you join the Navy. There are also many rules and regulations you are expected to know and follow. But the way to find out all of this information is never really explained.

This story, in one form or another, has been told to me all too many times since I first put on a Navy uniform. For all who have an ear let him hear, this is the straight scoop! You are guaranteed many rights and privileges when you join the Navy. There are also many rules and regulations you are expected to know and follow. But the way to find out all of this information is never really explained.

The master library on "everything you need to know about anything in the Navy" is very easy to use and is found at almost every duty station. This library is usually holding a

Nothing impresses a subordinate more than a boss who cares—and part of caring, and taking care of people, is knowing how to really listen.

answer that you want, ask someone else. If the majority give the same answer, you might want to accept it as the truth. The point is, talk to others for help.

If ever you find yourself in a jam over pay, duty, leave, or the million things that can come up in our unique way of life, ask someone for help! If anyone should tell you not to discuss a problem, personal or professional, with senior advisors you can bet they don't know what they're doing. Do a good job, look sharp and ask for help when you need it. This game can be fun, all you need is to know the rules.

Sixth U.S. Army changes hands

PRESIDIO OF SAN FRANCISCO, CA — On June 30, Lt. Gen. James E. Moore, Jr., Commander of Sixth U.S. Army and the Presidio of San Francisco, passed the command of Sixth U.S. Army to Maj. Gen. Todd P. Graham. Graham, currently the Deputy Commanding General of Sixth U.S. Army, will act as interim commander.

Lt. Gen. William H. Harrison has been selected as the new Commander of Sixth U.S. Army. Harrison, currently the Commander of I Corps and Fort Lewis, Washington, is expected to take command in August.

The June 30 interim change of command ceremony took place at the Main Parade Ground, Presidio of San Francisco. Gen. Colin L. Powell, Commander in Chief of U.S. Army Forces Command, passed the command flag. The Sixth U.S. Army Band performed during the ceremony, which also included an artillery salute.

Good active listening is key to getting ahead

Good listening is a matter of desire and concentration. In a broad sense, listening means hearing, comprehending and remembering. It's actively focusing all of your attention on the other person and what's being said. Improving your listening skills can be a great benefit in gathering information, counseling others, problem solving and saving time and energy.

The Chief of Naval Operations has said, "Leaders—real leaders—know how to communicate, and effective communications are a two-way street. A leader's willingness to listen is probably the single most important factor in the morale of a ship, squadron or unit."

Active listening isn't as easy as it might sound: we set up barriers that inhibit our understanding of what's being said. For example, we often *think about the speaker* instead of what he's saying; we *think for* the other person instead of allowing him to seek his *own* solution and we *think ahead* of the speaker instead of thinking with him.

You can become a better listener by practicing a few simple techniques.

- Have the right attitude: Want to listen. Discipline yourself. Listening efficiency is dulled by indifference, fault-finding, dislike for the subject (or the individual) and antagonism. Try to approach every listening experience with an open mind.

- Act like a good listener. Make eye contact. Check your body language. Do you *look* interested?

- Take responsibility for comprehending. Try to understand what's being said. Rephrasing the speaker's ideas in your own words can be a good comprehension check.

- Listen to understand rather than to refute. It's a handicap to argue mentally while you're listening; if you do, you'll find that you don't understand the idea at all. Try to understand first and evaluate second. Question, refute, or doubt the matter *after* you finish listening.

- Control your emotions. Don't permit emotional blocks to get in the way of understanding what's being said. Try to

push your worries, your fears, your problems away. They might prevent you from listening well.

- Stop talking. If you interrupt less, you will hear more. But *do* make comments, ask questions and give encouragement where it's appropriate.

- Listen analytically. Listen to both what's being said and how it's being said. Try to distinguish between the main ideas and less important supporting ideas. What is the speaker's point of view?

Good listening takes discipline and effort on your part. It's a skill requiring both motivation and practice—but the end result is worth the effort.

Volunteers needed to prevent choking

OAKLAND, CALIF. — The American Lung Association of Alameda County is seeking medical professionals like you to prevent the most frequent cause of death among children up to age 6: aspiration of foreign bodies or choking. The volunteer work involves showing a slide show to young parents and child care providers to help them eliminate or minimize choking hazards in the child's development and demonstrating first aid techniques for a choking but conscious child or infant.

Presentations are made in Alameda County at noon or in the evening. Volunteer must complete CPR training.

For additional information, call Bruce Windsor of the American Lung Association of Alameda County at (415) 893-5474 between the hours of 8:30 a.m. - 4:30 p.m.

NORWESTER

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NAVARE Walk-In clinics are a new approach to providing military beneficiaries access to primary health care. NAVARE Oakland will be open 365 days each year—from 0700 to 2000 weekdays and from 0700 to 1600 weekends and holidays.

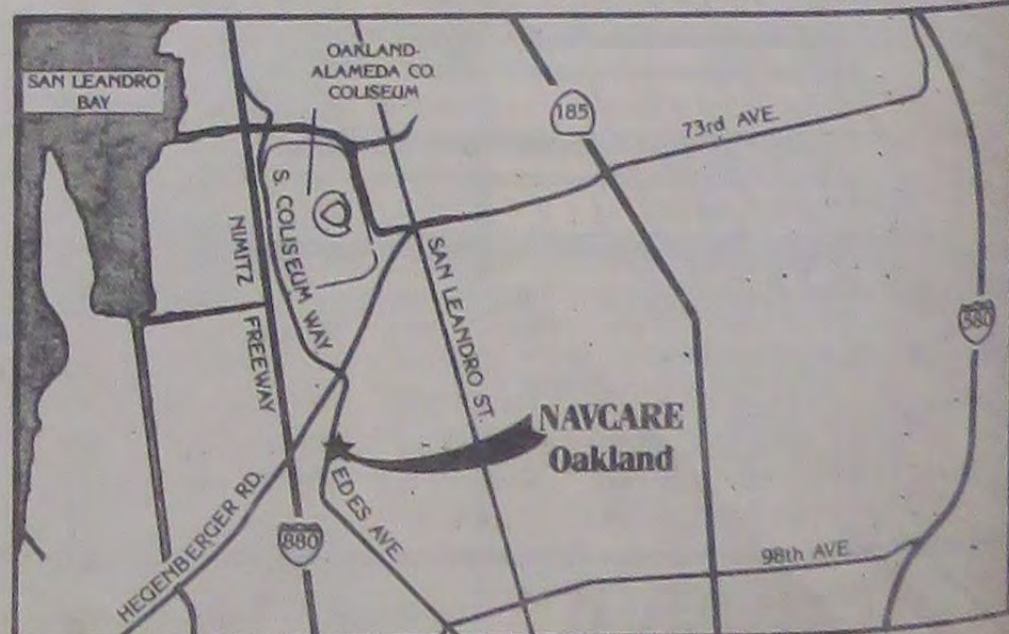
No appointment is necessary and there is no cost to patients for treatment and medication.

All military beneficiaries, including family members, entitled to care at military treatment facilities and enrolled in the DEERS are eligible for care. Basic laboratory and X-ray services are provided on site. Licensed and credentialed physicians and staff provide medical care.

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Critically ill or seriously injured patients should go to a hospital emergency room. Services are provided by PHP Healthcare Corporation, Alexandria, Virginia, under contract to the U.S. Navy.

For better access to medical care Seek alternate healthcare providers

By LCDR Catherine M. Christenson, MC
Naval Medical Command, Washington, D.C.

WASHINGTON, D.C. — U.S. Navy medicine is working to improve access to quality care for all beneficiaries, and many programs are already in place. One important way to increase access to care is using 'alternate' health-care providers. Not all medical services need to be provided by physicians; alternate health-care providers include nurse practitioners, midwives and physician assistants.

For example, a woman with a yeast infection doesn't have to see an OB/GYN physician to receive treatment. She can be evaluated, diagnosed and treated by a family practice physician, a general medical officer, an OB/GYN nurse practitioner, a family practice NP, an adult care NP or a physician assistant. Alternate providers can be used for health care in many other specialty areas to

viders are "privileged," or credentialed, to provide specific services. This ensures that all providers undergo training and demonstrate proficiency in the skills and procedures they will be performing. Privileging is required for everything from basic patient contact to major surgical procedures.

The first year after students graduate from medical school is called the internship year, during which the physician is taught more in-depth patient diagnostic and treatment skills. The internship year provides training in a variety of medical specialties and a broad base of medical experience in preparation for further training. Most physicians receive their licenses to practice medicine after their internship year.

Further medical training is obtained as a resident physician. During residency training, physicians become specialized in areas such as psychiatry and

on a level that allows the physician to become a sub-specialist. Examples of this level of training include pediatric cardiologists and pulmonary care physicians. All physicians must maintain continuing medical education credits, which ensures that they are keeping current with advances in their fields of medicine.

Nurse practitioners are registered nurses who have continued training for at least one additional year beyond graduation from an accredited nursing school. This additional year is used to gain specialized training and experience in one of several courses of training that include pediatrics, family practice, obstetrics/gynecology and adult care. The American Nurses Association has recently directed that all nurses must have a bachelor's degree in nursing to be eligible to obtain licensure as a nurse practitioner.

Physician assistants frequently have prior enlisted experience and often have been independent duty corpsmen. Their training requires 24 months of college, consisting of one year of training in the basic sciences and one year of clinical training. The American Academy of Physician Assistants has begun requiring a bachelor's degree for entry into accredited physician assistant training programs. All physician assistants must be certified, undergo a licensure examination and maintain continuing education credits.

The jobs of Navy medicine is to provide the most current, highest quality medical care to all of our beneficiaries. We will continue to meet this challenge. The use of contract physicians, our active duty medical officers and alternate health-care providers will continue to be major steps in increasing access to medical care.

general surgery. After residency, physicians may continue for even more training as "fellows." This provides specialty training



differing degrees. And with an array of options, making an appointment becomes a lot easier. All Navy health-care pro-

Fifth military medicine conference slated

Bethesda, MD. — The Fifth Annual Conference on Military Medicine will be held on October 5 and 6, 1989, at the

Uniformed Services University of the Health Sciences in Bethesda, Maryland. The theme of the conference this year will

be "Health Promotion for Maximum Readiness." Abstracts for poster presentations on the theme of the Conference as well as on general topics in military medicine are requested.

The Conference will consist of speakers and panel discussions on topics including "Success in Behavior Modification," "Health Promotion for Maximum Readiness." Abstracts for poster presentations on the theme of the Conference as well as on general topics in military medicine are requested.

Poster presentations in all areas of military medicine as well as those with the theme of the Conference are encouraged. Please submit an original abstract of no more than 250 words and three copies, including a current curriculum vitae, to Deborah Gardner, Conference Coordinator, Room C1024, 4301 Jones Bridge Road, Bethesda, Maryland 20814-4799. Please indicate your name, rank, correct title, complete military or business address, including telephone number, at the top of your abstract. Poster displays should be no larger than 6 feet long by 4 feet wide. Deadline for submission of abstracts: 1 September 1989.

NAVY NEWS BRIEFS

Soviet ships visit Norfolk

NAVY NEWS SERVICE, WASHINGTON, D.C. — Three navy ships from the Soviet Union visited a U.S. military port for the first time when they pulled into Norfolk July 21.

The Slava-class guided-missile cruiser "Marshal Ustinov," the Sovremenny-class destroyer "Oilichny" and the Boris Chililin-class oiler "Genrikh Gasanov" were in port Norfolk until July 25 as part of a goodwill exchange visit between the U.S. and Soviet Navies. First Deputy Commander in Chief of the Soviet Northern Fleet Vice Admiral Igor Vladimirovich Kasatonov was the senior officer aboard the three ships.

Over 1,100 Soviet sailors and civilians aboard the ships enjoyed the sights and sounds of Virginia. The Soviets visited a shopping mall, "Busch Gardens" theme park in Williamsburg, Va., participated in sporting events with U.S. sailors and were guests at a picnic and concert hosted by the city of Norfolk.

The Norfolk port call marked the first time Soviet ships visited the United States since May 1975, when two Kanin-class guided-missile destroyers pulled into Boston for six days. Naval ships from the USSR have never until now visited a U.S. military port.

"The basic purpose of this official visit is to promote further dialogue between the Armed Forces of the Soviet Union and the United States," said VADM Kasatonov. "By working for better and closer relations now, we are creating a solid confidence in our future relations of friendship."

U.S. Navy ships to visit Soviet Union

NAVY NEWS SERVICE, WASHINGTON, D.C. — Three Navy ships of the U.S. Sixth Fleet will visit the Soviet port of Sevastopol beginning today until Tuesday (Aug. 8).

USS Thomas S. Gates (CG-51), USS Belknap (CG-26) and USS Kauffman's (FFG-59) visit to the Black Sea port is part of ongoing U.S.-Soviet military initiatives to enhance mutual understanding through Navy-to-Navy contact.

Commander U.S. Sixth Fleet Vice Admiral James D. Williams will be embarked in his flagship Belknap for the visit.

The last U.S. visit to the Soviet Union occurred in May 1975, when two U.S. Navy ships visited the port of Leningrad. The current visit was scheduled two weeks after the Soviet ships visit to the U.S.

Sevastopol is headquarters for the Soviet Black Sea Fleet. The city of 300,000 is noted for its shipbuilding and food processing industries as well as the area's health resorts.

The activities planned for the ships' crews during their visit include a variety of official functions, exchange visits between U.S. and Soviet seamen, sports competitions and band concerts.

U.S. offers payment to airbus victims' families

NAVY NEWS SERVICES, WASHINGTON, D.C. — The government of the United States has offered monetary assistance to the families of the victims of the July 1988 Iranian airbus incident. On July 10, 1989, the United States offered to pay \$250 thousand per full-time wage earning victim and \$100 thousand each for all other victims.

On July 3, 1988, USS Vincennes (CG-49) shot down Iran Air Flight 655 during a surface engagement with Iranian gunboats in the Persian Gulf. Although the United States is not liable under international law to pay compensation to the families of the 290 victims, then President Reagan announced shortly after the incident that, in accordance with the humanitarian tradition of our nation, the United States would make payments to the families on an "ex-gratia" basis.

The U.S. Embassies in India, Italy, Pakistan, Yugoslavia and the United Arab Emirates have approached their host governments offering the settlement for their nationals killed in the incident. The government of Iran has ignored repeated efforts by U.S. officials to obtain information on the families of the Iranian victims.

Wreck of battleship Bismarck found

WOODS HOLE, MASS. (NNS)—The wreckage of the World War II German battleship "Bismarck" was found three miles down in the North Atlantic June 12.

A research team from the Woods Hole Oceanographic Institute located the sunken dreadnought using the unmanned imaging system "Argo." This system, funded and developed by the U.S. Navy, found the wreck of RMS Titanic in 1985 during operational testing.

The Bismarck was found 600 miles West of Brest, France, sitting upright on the sea bed in an excellent state of preservation. No evidence of human remains were found.

Bismarck, armed with eight 15-inch guns, was sunk May 27, 1941 after a six day chase in the North Atlantic by the British Royal Navy. Only 115 of the 2,200 sailors onboard survived the attack.

Historians hope to learn more about German World War II technology and crew living conditions at sea by studying the remains of the German Battlewagon.

The U.S. Navy's office of the Chief of Naval Research funded the development of the Argo system which was tested extensively by a team of Navy "Undersea Pilots" during the search for the Titanic.

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Bangor clinic from front page

with acute injuries or urgent medical problems.

Physical therapist Laurie Coykendall estimates that at least 95 percent of the injuries are occupational. They range from sprains and strains of the neck, shoulder, back and knees to long-term problems such as carpal tunnel syndrome, associated with overuse.

The Bremerton shipyard is the only one in the nation with an in-house physical therapy program. Helping patients at the yard saves the government a tremendous number of man-hours and compensation costs, according to Lieutenant Joe Beltrano, Medical Service Corps, the officer in charge of the clinic.

In addition to the large, highly skilled civilian work force, clinic staff care for the approximately 1,000 active duty members assigned to shore-based commands.

They also see sailors from the carriers, submarines and surface ships in the area who need treatment beyond what is available on board.

Twenty-three corpsmen, five physicians (four civilian, one active duty Navy), two physician assistants, two occupational health nurses, a licensed vocational nurse and an optometrist are currently on staff. Thirty-five civilian administrative per-

sonnel and medical technicians support them.

To keep the work force healthy and detect potential problems early, Beltrano runs a health surveillance program. He uses a computerized list to keep track of when workers are due for their physical exams.

An entrance and exit examination which can include lab work, spirometry, hearing and eye tests, chest X-rays and clinical examination are done for each employee. Between entrance and exit, some workers in hazardous occupations (such as painters and welders) receive annual physicals. Others may need a physical every three years. When a person changes jobs—from welder to machinist, for example—the computer takes notice and indicates if a change in exam schedule is necessary.

Sick call, the emergency room, primary care and the health surveillance program keep medical staff busy. They are enthusiastic about their work.

"You see all kinds of occupational injuries," says Vi Fernandez, an occupational health nurse.

"There's never a dull moment," agrees Luce. "We have every kind of occupational health known to man."

Trivia game from front page

in a letter to the Commanding Officer of Naval Hospital, Lemoore.

"The boardgame is worthy of being considered and adapted for use within any rating throughout the Navy," Lichtman said.

Gallagher came to the Naval School of Health Sciences (NSHS), San Diego Detachment, Oakland, California, in January 1989, and it was there, on July 13, that he received the award formally.

"You can't argue with all the corpsmen who took the exam and advanced," said Lieutenant Commander Thea Bratten. "They are the success story." Bratten is the officer in charge (OIC) NSHS where Gallagher is currently a student.

As shown in the drawing reproduced here, the gameboard has 91 blank spaces combined with a number of short cut and set back spots.

The game consists of six different subjects in various places on the board. The object of the game is for one player to get from Point A (beginning arrow) to Point B (last arrow) as fast as possible. Players progress or regress according to the roll of

the dice. The short cut and set back spots accelerate or delay the forward motion, and the first player who marches on to the end is the winner of the game.

According to Gallagher, "money was not a consideration in creating the game."

"I just wanted to help someone, and I looked forward to the day when I would see the board and could say to myself, 'yeah, I helped make that game'."

"It's a great way to study while you're playing with your friends," he added. "It's fun. Competitiveness will make you learn."

"We are terribly proud to have Petty Officer Gallagher as a student," said Bratten.

"Our school is tough and has a very demanding curriculum. Upon graduation he will go anywhere in Navy Medicine. I am confident that he is the kind of person who will make a terrific impact with his initiative."

The next step for Gallagher is USS Coronado (AGF-11) in Pearl Harbor, Hawaii. He graduates from NSHS on August 2nd and is looking forward to continuing his career advancement in the Pacific.

ORT graduation held

NAVY SCHOOL OF HEALTH SCIENCES, OAKLAND, CALIF. — Ten operating room technicians graduated Aug. 2 during a commencement ceremony held in the clinical assembly of Naval Hospital, Oakland.

The course covered 10 weeks of didactic instruction on aseptic technique and 16 weeks of clinical experience in the different surgical services.

The graduates and their duty stations are:

HM3 D. Bowen, Naval Hospital, Portsmouth, VA

HM3 R. Cunliffe, Naval Hospital, Yokosuka, Japan

HM3 R. Dalisay, USS Dubuque (LPD-8), Sasebo, Japan

HM3 J. Gallagher, USS Coronado (AGF-11), Pearl Harbor, Hawaii

HM3 J. Letcher, USS St. Louis (LKA-116), Sasebo, Japan

HM3 S. McGavock, 3rd FSSG, Okinawa, Japan

HM3 L. Nwaogazie, USS Germantown (LSD-42), San Diego, Calif.

HM3 W. Scherer, 3rd FSSG, Okinawa, Japan

HM3 C. Vogt, Naval Hospital, Portsmouth, Va.

HM3 R. Zuniga, 3rd FSSG, Okinawa, Japan

At Branch Medical Clinic, Alameda

Readiness and quality me

By Andrée Maréchal
Workman

NORWESTER Staffwriter

NAVAL AIR STATION, ALAMEDA, CA. — The sky is crisp and blue. The Bay sparkles in the dry, hot sun. Row upon row of white, torpedo-shaped aircraft gas tanks lie dormant in a giant storage field. In the distance, a grey line of ships cuts off the horizon. The fleet is in at Alameda Naval Air Station.

On the pier, USS Enterprise (CVN-65) and Carl Vinson (CVN-70) stand a silent watch over a flotilla of cruisers and escort ships.

Several blocks away — past huge hangars and repair shops full of helicopters and recon

planes — numerous buildings and military housing flank tree-lined avenues.

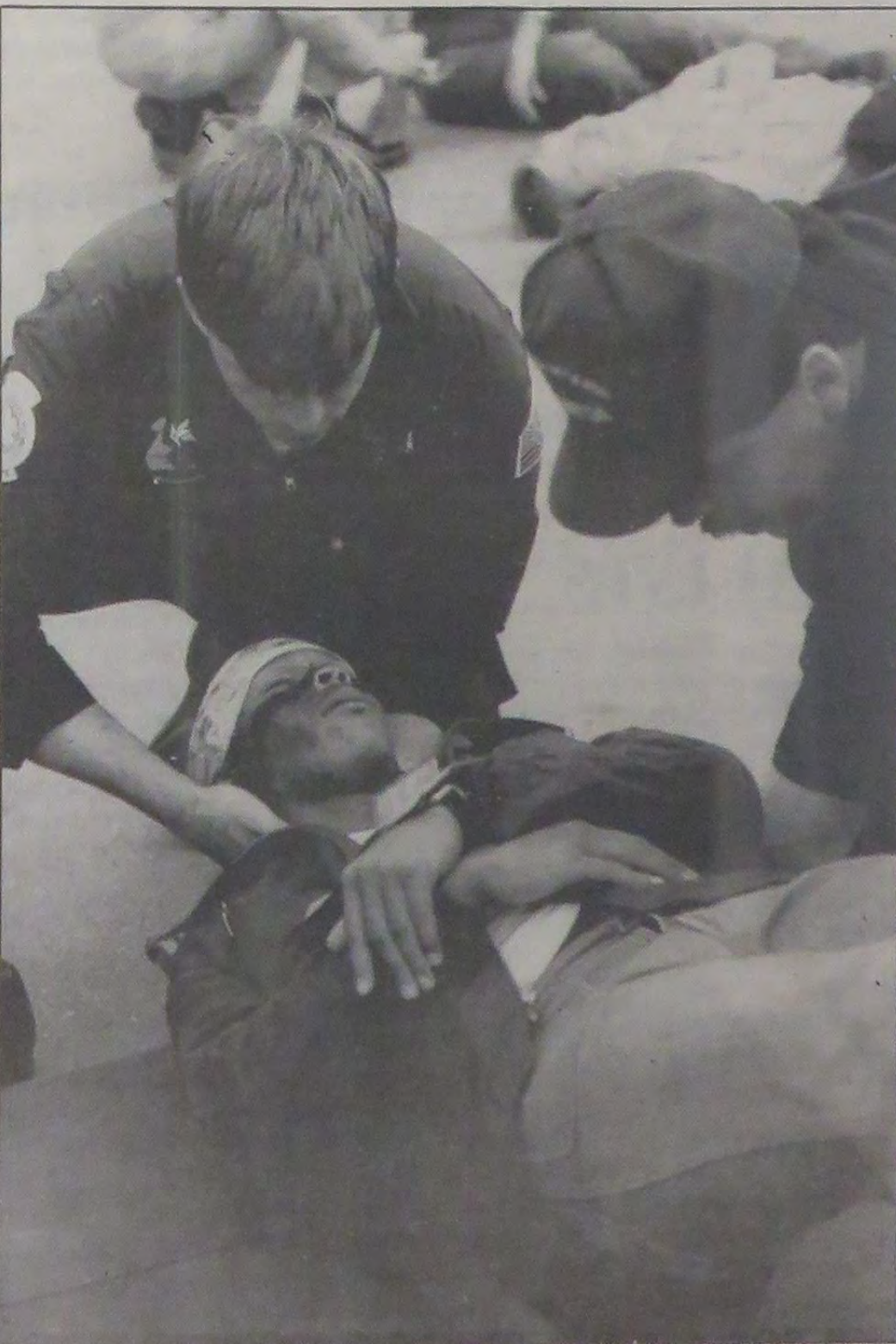
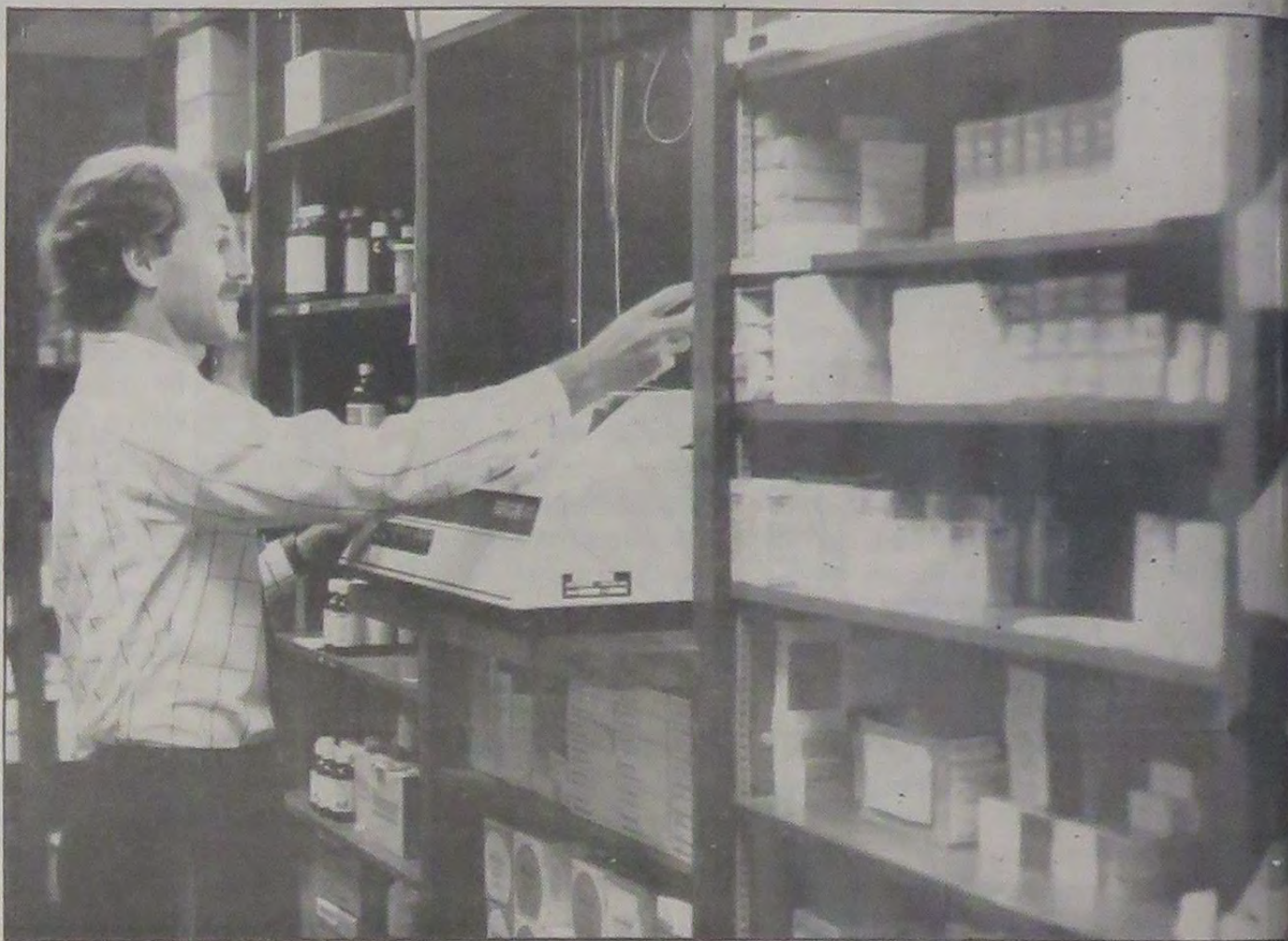
Standing out among the structures, on one corner, is Branch Medical Clinic (BMC), Alameda — a building that houses Naval Air Station, Alameda's, medical and dental treatment facilities.

"Our mission is to support active duty personnel, other eligible beneficiaries, the mission of Naval Air Station and local tenant commands," said Lieutenant Commander Stephen M. Astrachan, officer in charge (OIC) of the clinic.

"Mission support includes the major divisions of industrial hygiene and occupational medicine," he added.

In addition to providing direct patient care, when requested, BMC Alameda can support medical departments with ancillary services (laboratory and X-Ray). It also provides ambulance service to Naval Station, Alameda, and the joining Naval housing areas. Ambulances transport patients to the Branch Medical Clinic, Naval Hospital, Oakland, or local civilian hospitals such as Alameda General, Highland and Oakland Children's. The actual destination depends on the seriousness of the case and the availability of services at the facility.

The total complement of services available at the clinic includes military sick call, acci-



"Disaster preparedness is what makes the clinic unique"

(Clockwise) Pharmacist Eph Bozak dispenses medicine. (Photo by JOI Guim); The clinic's health care providers in action during a recent disaster preparedness drill; A "patient" in pain during the drill; Corpsmen render medical aid to a badly injured "patient" (Photos by SN Mark Herrington)



eda...

care are keywords



re treatment, pediatrics, physical examinations, preventive medicine, laboratory, X-ray, physical therapy, optometry, industrial optometry, occupational medicine, industrial hygiene, ambulance service and pharmacy.

fighting for the clinic's needs by looking for solutions to chronic short-staffing are the most challenging aspects of Astrachan's job. Staffing industrial hygienists and occupational physicians has been especially difficult.

Industrial hygiene shortage affects the entire occupational health and safety program which must begin with the industrial hygiene service," ex-

plained Astrachan. "There are also fewer military health care providers than there were one year ago."

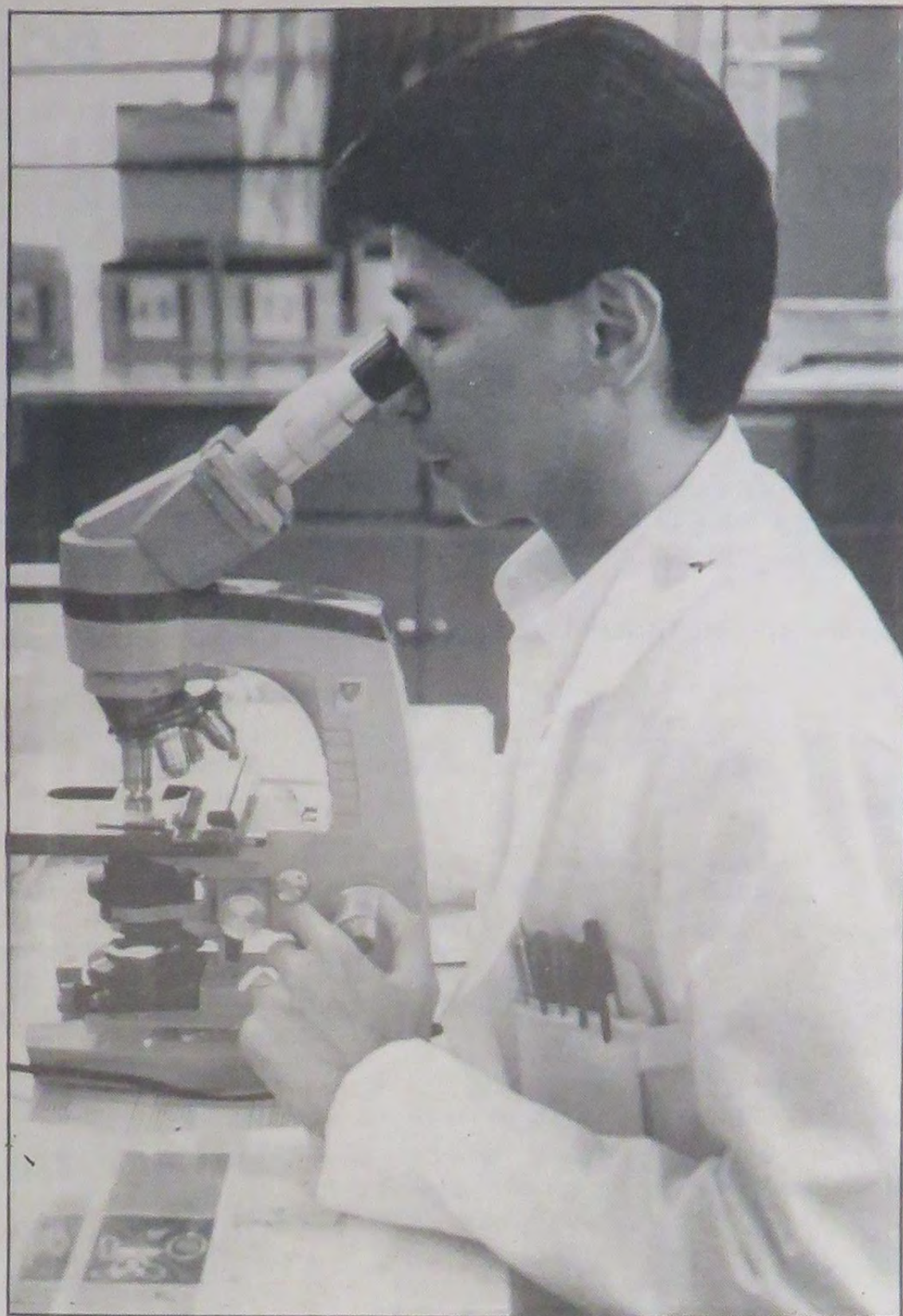
The national nursing shortage is also reflected at the clinic. The staff includes one military nurse who is both senior nurse and the assistant officer in charge. In addition to her many collateral duties, she spends a great deal of her time on family advocacy which is a major activity of BMC.

When all the positions are filled, the clinic's medical staff is composed of two general medical officers: a flight surgeon and a pediatrician; two independent corpsmen; two nurse practitioners (one adult and one pediatric); five industrial hygienists and one occupational health and safety specialist.

According to its officer in charge, disaster preparedness is what makes BMC Alameda unique. "We usually do two drills a year to prepare for any possible contingency that could occur in this military and highly industrial environment," Astrachan said.

Fortunately, there has never been an occasion to test the preparedness, but the clinic's staff is proud of their efforts.

"We've done a great deal of work in this regard, and have a good rapport with the civilian emergency medical agencies," Astrachan said.



(Left) Civilian John P. Urban peers through a microscope. (Below, middle) Ambulance cars stand-by ready for the unexpected. (Below, bottom) A cheerful receptionist checks in a patient. (Photos by JOI Dan Guiam)



OKNG holds annual luncheon

NAVAL HOSPITAL, OAK-LAND, CALIF. — The Oak Knoll Naval Guild (OKNG) held its annual awards luncheon recently at the Oak Knoll Officers' Club.

Captain Gordon Strom, former commanding officer, Naval Hospital, Oakland, was the guest of honor and addressed the gathering.

The 1988-1989 OKNG board members and many other key individuals at Oak Knoll were recognized for their outstanding contributions by Mrs. Shabnam Anderson, the guild's president. The 1989-1990 Board was introduced during the luncheon.

Mrs. Anderson was honored with the "Woman Of The Year" award.

The tremendous efforts of the Oak Knoll Naval Guild during the 1988-1989 activity year, according to the president, resulted in the awarding of eight scholarships and many needed gifts to ten departments.

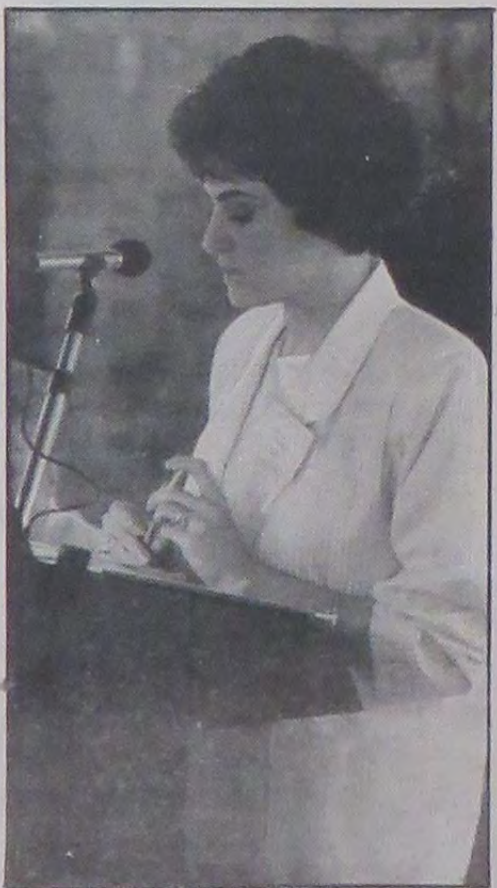
The following is a list of donated items to various departments at NHO:

Department	Amount	Item
1. Otolaryngology	\$300	Slide Processor/Mounter
2. Ambulatory Care Nursing:		
Oncology	\$32	Books
ER	\$75	Bracket to mount TV on Wall
3. Operations Mngmt.	\$300	Artwork for lobby
4. Pediatrics Clinic	\$100	Grab bag for kids
5. Pediatrics Dept.	\$100	Nintendo for chemotherapy kids
6. Nursing	\$400	Electric breast pump
7. Peds/Adolescent Med	\$400	VCR for waiting room
8. General Surgery	\$400	Word Proc/Typewriter
9. PCC/ER	\$300	Children's coloring Bks for waiting room
10. Clinical Investigation	\$100	Microwave

Other contributions and donations by the OKNG included a Canon Copier to the American Red Cross, \$200 for Christmas Baskets of Plenty for the needy and \$100 to the Veterans Home of California at Yountville for Christmas gifts.



(Above) OKNG's 1989-90 scholarship recipients include (left to right): Sarah Wilson, Michelle Lee, Thomas Cook, Patricia Pacely, Jennifer Serventi, and John Florendo. Two other awardees not in picture are Pamela Pineda and Michelle Gouveia, (left) Mrs. Shabnam Anderson, the guild's president, receives honors as "Woman of the Year." She is the wife of Lieutenant Craig Anderson, medical construction liaison for Naval Medical Command, Northwest Region. (Photos by SN Mark Herrington)



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DOD celebrates 200th birthday

August 7, 1989 marks the bicentennial of the establishment of the Department of War, (precursor to the Department of Defense), which was an executive department of the U.S. Government from 1789 to 1947. It was set up to supervise all military activities and all phases of national defense. In 1798, Congress separated the naval forces from the land forces, creating a new Department of the Navy. The War Department retained control over the Army.

The War Department's principal job was to manage the Army. It had to recruit men, provide them with weapons and supplies, transport them, and protect their health. It also had to build fortifications, direct the education of officers, and supervise the National Guard.

In its early years, the War Department also had important non-military functions. It conducted a large construction program in improving rivers and harbors, building dams and reservoirs, and developing other public works. Other govern-

ment agencies took over much of this public works program during the 1930's. The War Department also managed the affairs of the island possessions of the U. S. through its Department of Insular Affairs.

After World War II, government authorities contended that military forces of the future would work well only if they work as a team.

Unified direction

In his message to Congress in 1945, urging legislation to combine the War and Navy Departments into a single Department of Defense, President Harry Truman said, "One of the lessons learned which have most clearly come from the costly and dangerous experience of WWII is that there must be unified direction of land, sea and air forces at home as well as in other parts of the world where our armed forces are serving."

Congress then passed the National Security Act in 1947, set-

ting up the National Military Establishment (NME). The Secretary of War became the Secretary of the Army and took his place in the President's cabinet. A secretary of defense supervised the NME, which included the new Department of the Army and two other military departments. In 1949 NME became the Department of Defense. Not a day passes that at least one of its actions or proposed projects does not receive nationwide and even worldwide-scrutiny and comments.

Today, the Department of Defense is by far the largest organization in the executive branch of the federal government, requiring each year approximately half of all federal expenditures to carry out its operations. Since its primary responsibility is to ensure the security of the United States, the Defense Department is also considered by many to be the most important of federal agencies.

What you should know about oral ulcers

By LCDR Samuel Young
Naval Hospital, Oakland, Calif.

NAVAL HOSPITAL, OAKLAND, CALIF. — Oral ulcers or sores in the mouth are quite common, and present a wide variety of signs and symptoms. They may be confined to one episode or may have a tendency to recur; they can be a single isolated lesion or occur in multiples; they may be painless or cause great discomfort.

When should you be concerned about oral ulcers? Before answering this question let's review a few facts about them. There are many causes of oral lesions, some of which may surprise you — such as measles, chickenpox, mononucleosis, tuberculosis and kidney failure. The traumatic ulcer is by far the most common ulceration. It occurs in response to a variety of insults such as cheek and tongue biting, sharp pencils, chips, pizza burns, irritation from sharp decayed teeth and ill-fitting dentures. The treatment for these ulcers is to eliminate the source of trauma and allow seven to ten days for complete healing.

The most common recurring oral ulceration is the aphthous ulcer, also called a canker sore. It is estimated that these ulcers occur in 20% to 50% of the population. The precise cause of these lesions is unknown; however, they usually appear during times of stress. They are

painful and occur most often on the lip, cheek, tongue, floor of the mouth and the soft palate. The lesions heal spontaneously in seven to 14 days.

Another common recurring lesion is recurrent herpetic ulcerations which occur in about 40% of the population and most often follows trauma,

stress or upper respiratory infection. These lesions are usually restricted to the area on, or near the vermilion border of the lip. They start as an area of burning, itching, tingling or painful sensation. A single vesicle or cluster of vesicles may appear and coalesce to form a larger vesicle.

See **Oral Ulcers** page 7

Chaplain's Corner

By Father M. J. Harry
Naval Hospital, Oakland

NAVAL HOSPITAL, OAKLAND — A good man died, and he was on his way to heaven. He asked his angel escort to stop by hell, just to see what he missed! They knocked at the door of Satan's palace and were allowed in for a look. There they saw people seated at a large table, around a big pot of beef stew the man's favorite dish.

Although everyone had a spoon and could reach the pot, the people were starving. The spoon handles that were attached to their hands were twice as long as their arms. They could catch the stew, but they couldn't bring it to their lips. The cries of the starving were so loud he begged to be taken away.

Later, stepping into the outer room of heaven, he saw a similar round table surrounded by many people. In the center was a big pot of beef stew. The spoon handles were too long for human arms, but there were no cries of complaint. No one was starving. All the people were feeding each other.

People really do make a difference. A concentration camp can become the scene of heroism and selfless giving. A luxurious palace can be a place of shame and cruelty. It's what the people want to make it.

How often going the extra step, or offering forgiveness, or just refusing to let things go bad can change a bedlam into a haven of peace, a house into a home.

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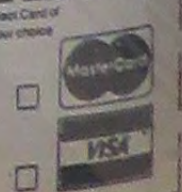
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Oral Ulcers from page 6

then ulcerate. A scab forms in 4 to 5 days, and healing is complete in 7 to 10 days. All of the oral ulcers mentioned heal spontaneously within 7 to 14 days and require no additional treatment. Several medications are available to minimize the discomforts associated with the ulcerations and can be purchased over the counter or prescribed by your dentist.

Evaluation

When should you be concerned about oral ulcers? When an ulceration does not heal within seven to 14 days, it should be evaluated by your dentist. Oral cancer accounts for 3.5% of malignancies in males and 2% of malignancies in females. Most oral ulcerations are not cancerous; however, 60% of oral cancers are initially seen as ulcerations. Only 0.6% of lesions biopsied by dentists are malignant cancers, and they occur twice as often in males than in females. Fifty percent of oral cancers occur on the tongue and 16% occur in the floor of the mouth, with the remaining 34% distributed in diverse locations.

Unknown cause

The cause of oral cancer is unknown; however, it is believed that several factors, such as smoking, alcoholism, sun radiation and ill-fitting prostheses, may cause their production. The use of tobacco and the heavy use of alcohol have been found to significantly increase the risk of developing cancer.

Early diagnosis of cancer is extremely important because rate of cure is greatly enhanced when it is treated while localized to the area of origin. Most oral ulcers are not cancerous and should heal spontaneously within seven to 14 days. There are many causes of oral ulcerations, and if the ulcer does not heal quickly you should visit

People, places and events...

Myers gets NAM

Lieutenant Commander Stephen Myers, head of the pediatric department at Naval Hospital, Oak Harbor, Wash., recently received the Navy Achievement Medal for a job well done. Although faced with critical manpower shortages, he insisted on carrying a full patient workload, initiating a quality assurance program, and actively recruiting Red Cross volunteers. His actions not only reduced the number of patients referred to CHAMPUS providers but were



instrumental in maintaining a high level of morale in his department. (Official U.S. Navy Photo)



HM3 Mallow promoted

Hospital Corpsman Third Class Carla Mallow is congratulated by LCDR Joe Smith, executive officer, Naval Medical Clinic, Seattle, upon her advancement to her current rank. The executive officer presented her with a certificate of appointment.

Jones earns MSC commission

Chief Warrant Officer Fourth Thomas M. Jones, physician assistant at Naval Medical Clinic, Seattle, was recently selected for promotion to lieutenant in the Medical Service Corps. He will be frocked on Sept. 1. (Official U.S. Navy Photo)



your dentist. He will be able to determine the nature of the oral ulcer by reviewing your medical history and performing a thorough examination and biopsy, if indicated.

Worth Repeating

"Lots of times you have to pretend to join a parade in which you're not interested in order to get where you're going."

—Christopher Morley
Author



Happy sailors in a row

Staffmembers of the Naval Medical Command, Northwest Region, are all smiles as they prepare to tack crowns on each other after a recent frocking ceremony at Naval Hospital, Oakland. They were advanced to their current ranks as a result of the February Navy wide examination. From left to right: Sonar Technician (Surface) Second Class Patrick W. Wayne; Ship's Serviceman Second Class Billy Jo Kribbs; Yeoman Second Class Gary W. Smith; Hospital Corpsman First Class Joseph M. Manifold; and Hospital Corpsman Second Class Samuel O. Villareal. (Photo by SN Mark Herrington)

Movie Review

'Turner and Hooch'

If there's anything meticulous professional Scott Turner (Tom Hanks) can't stand, it's disorder. Obsessively neat, his life is completely planned; everything in its place. But when he unwillingly adopts the sloppiest, meanest and most ill-mannered junkyard dog ever (named Hooch), his well-ordered world quickly goes to the dogs.

A pooch who can create any kind of chaos, Hooch is not exactly man's best friend, and it isn't long before the ever-drooling dog has completely wrecked Turner's house, complicated his budding romance with veterinarian Emily Carson (Mare Winningham) and wreaked havoc with his career. Stuck with each other, the mismatched master and mastiff square off for a comic battle of wills — a hilarious test of endurance that occasionally has them at each other's throats, but ultimately leads to a lasting partnership

between the unlikely pals.

Touchstone Pictures, in association with Silver Screen Partners IV, presents the comedy, "Turner and Hooch," a Raymond Wagner Production, starring Tom Hanks and Mare Winningham.

Hanks was fascinated by the prospect of playing a character so totally alien to his own personality. "Turner's a man who is compulsively neat and organized. He thinks he can only be happy if he has all these walls of protection surrounding him. In almost one night, Hooch breaks down his barriers and destroys all those preconceived notions," says Hanks.

"It's a story of this man's life being completely rendered asunder by this dog. In some ways, it's the ordinary man in an extraordinary circumstance," Hanks continued. "He's not the usual type that I've played."



Tom Hanks stars as Scott Turner, a policeman whose well-ordered life goes to the dogs when he teams up with a sloppy, drooling junkyard dog named Hooch. (Photo by Gene Moss)

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Snack the healthy way

By Evelyn D. Harris
American Forces
Information Service

Americans are snacking more than ever. According to the Department of Agriculture, children now get one-fifth of their daily calories from snacks, women 16 percent.

And according to nutritionists, that's not necessarily bad. Snacks can be a fun way to fill in necessary calories and nutrients missed due to incomplete or skipped meals. The trick is to plan snacks wisely.

That means that contrary to the testimony from the attractive people in the advertisements, a candy bar—even if it does have peanuts—is probably not the best food to help you do what needs to be done.

In fact, said COL Mary Lucas, chief of the Army Medical Specialist Corps (which includes dietitians), eating a sweet snack can set you up for the "post-candy-bar fatigue syndrome." "When you eat a candy bar, your insulin level goes sharply up—and then falls back down quickly, leaving you feeling tired," said Lucas. "In addition, most candy bars have a lot

of fat and sugar, and some of them have a lot of salt."

Granola bars, while they sound healthy, are not much better. According to Gail Levey, a spokeswoman for the American Dietetic Association, "Granola bars are just packed with grease. A granola bar sounds so wholesome, but to get it to stick together you have to use so much fat."

On the average, about 35 percent of the calories in many granola bars come from the fat; the comparable figure for a candy bar is approximately 46 percent. The DoD Nutrition Working Group recommends that no more than 30 percent of the day's calories come from fat.

So, what's a snacker to do? Lucas suggests fruit—it's somewhat sweet and is a good source of important vitamins and fiber. She suggests carrot sticks if you're craving something crisp. But there are a lot of healthy snack choices, and dietitians say that if you customize your snacks to meet your dietary needs, you won't go wrong.

For example, if your meals are low in calcium, you might try low-fat yogurt or a cheese made

primarily from skim milk, such as mozzarella (which is available in snack sticks), cottage cheese, part-skim ricotta cheese or diet cheese. Eat the cheese with whole-grain bread, crackers or celery for a high-fiber, low-calorie snack.

To please a sweet tooth, choose ice milk, which has less than half the fat of ice cream and 40 percent fewer calories. Frozen yogurt is also lower in fat than ice cream, although it has just as much sugar. Surprisingly, tofutti—a soy-based frozen dessert—has almost twice the fat of ordinary ice cream, according to the Food and Drug Administration.

You can also make an ice cream-like treat by freezing a peeled banana until firm.

Nuts have high levels of fat and should be eaten in small quantities. Cashews and macadamia nuts are highest in fat, while seeds—of the sunflower, pumpkin, and sesame varieties—are lower in fat. The American Heart Association recommends keeping the serving size for nuts down to three teaspoons.

Fresh, air-popped, unbuttered popcorn is an excellent

snack choice. But packaged popcorn may contain large amounts of salt.

Many people who eat healthfully at home eat a lot of junk and have too much caffeine at the office. If you work in an office that has a refrigerator, bring

in healthy snacks and beverages such as six-packs of fruit juice or a bottle of club soda, to store it.

And for those times when a candy bar will do, one nutritionist suggests eating a "snack-size" bar.

NWC opportunity extended

NAVAL WAR COLLEGE, NEWPORT, R. I. — In May, 1989, the Chief of Naval Operations praised the service college as "an essential part of the professional military development of our officer corps." He further urged those who cannot attend the Naval War College on a full-time basis to enroll in its off-campus program.

As a result, the Naval War College has extended its deadline for applications to August 18 at all locations, except Washington, D. C., where the deadline remains August 1st. In addition, the College will continue to process late applications until the first day of class on a space available basis.

The off-campus program offered in the San Francisco area. Three courses are available: Strategy and Policy, Maritime Operations, and International Security Decision-making. Officers of all military services in grades O-3 to O-6 and government employees GS-10 and above are eligible to enroll.

First class will meet the week of September 5th and week thereafter for 36 weeks. Students who complete all three courses will receive a Naval War College diploma.

For applications and further information, call the Naval War College, College of Continuing Education, at (401) 841-2135. Autovon 948-2135/3898.

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—Pearl Bailey, singer

Classified

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Historical Footnote:

August 17—Navy's first hydrofoil patrol craft, High Point, launched in Seattle 1962.

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Friday, August 18, 1989

Vol. IV, No. 13

Oakland, Calif. 94627-5025

BUMED reestablished

By Liz Noland
BUMED Public Affairs

NNMC BETHESDA... The Naval Medical Command's August 4 change of command had a special poignancy because it also marked the end of NAVMEDCOM and the re-establishment of the Bureau of Medicine and Surgery as the head of Navy medicine.

In a moving ceremony carried out with both Navy tradition and innovative breaks from that tradition, Rear Adm. H. James T. Sears, Commander, Naval Medical Command, said farewell to a community and an organization he has served with honor and dedication.

Retired Vice Adm. Donald Custis, former Surgeon General of the Navy, was the scheduled guest speaker, but was unable to attend the ceremony due to illness. Custis was the executive officer at Naval Hospital Phila-

delphia when Sears went there early in his career. "Dr. Custis was my role model," said Sears. "He epitomizes what Navy leadership is all about—courage, vision and integrity. I hope my service in the Navy has reflected some of those same qualities."

"I love Navy medicine," said Sears. "It has been my life and my career for 25 years. I am sad to leave, but I am also full of pride in our history and our abilities. Most of all, I feel gratitude for the opportunities I have enjoyed and the outstanding people with whom I have had the honor to serve."

"Rather than individually name the 30,000 or so people I would like to personally thank for their friendship and support, I have instead picked 14 sidepersons, even though I'm only entitled to six. Those 14 people are representative. They represent all the people who have supported me throughout

my career and they represent the competence and the quality of the people who are Navy medicine today."

Referring to this change of command as a significant step in a major reorganization, Sears capsulized Navy medicine's organizational history: "In 1982, BUMED was disestablished and two additional echelons were added. The concept was to split execution and policy. It didn't work. Today, the Surgeon General will be put back in charge of one entity—the Bureau of Medicine and Surgery. It is a positive change. It worked for 140 years; I think it'll work again."

Vice Adm. James A. Zimble, Surgeon General and Chief of the Bureau, also talked about the imminent reorganization, saying it was the second step in a "journey back to the future." The first step was December 2, 1988, when Naval Hospital See **BUMED** page 2



Vice Admiral Zimble addresses the 500 guests at Naval Medical Command's August 4 change of command. (Photo by HM2 Tom Eichling)

VADM Zimble reaffirms Navy Medicine's mission

Navy Medical Department Guiding Principles

WE ARE the Medical Department of the United States Navy.

WE EXIST to ensure the best physical and mental health of the men and women of the United States Navy and Marine Corps.

WE WILL

Support the combat readiness of the Navy and Marine Corps.

Care for all persons as unique human beings worthy of our courtesy, compassion and respect.

Earn the trust and confidence of our patients by enthusiastically providing prompt access to quality health care.

Attend to the medical needs of the families of our active duty members, our retirees and their families, whenever we are able, for just as the family supports the force, so must we support the family.

Teach, for it is through education that we build the foundation for our future.

Continuously Improve in all aspects of our enterprise.

WE CARE for each other just as we care for our patients. This is the basis of the teamwork and trust that must exist for us to succeed.

WE ARE STANDING BY AND ARE ALWAYS READY TO ASSIST.

WASHINGTON (BUMED)... Vice Adm. James A. Zimble, Navy Surgeon General and Chief, Bureau of Medicine and Surgery, unveiled a set of guiding principles for the Navy Medical Department during its August 4 change of command.

These principles (shown at left) will provide a central focus during the months ahead as the department is reorganized. Zimble refers to the reorganization as coming back to the future, but says the move to establish guiding principles "is more than back to the future; it's back to basics. These principles will be a guiding light for all of us, giving us a common purpose."

The Medical Blue Ribbon Panel made many recommendations, and Navy medicine is implementing myriad changes. Through all the adjustments, the Navy Medical Department's mission remains constant: to be operationally ready to meet wartime medical care requirements and to provide quality care to active duty military while cost-effectively increasing access to that care for Navy families and retirees and their families. Navy medicine's guiding principles will help keep that mission visible while its execution is fine-tuned.

Happy 77th birthday Dental Corps

Local dentists will probably keep drilling away Tuesday, few, if any, aware that the day has special significance for them. It was on August 22, 77 years ago that the Navy Dental Corps was established.

Prior to that time dentistry received little recognition in the Navy and most of the treatment was of a palliative nature limited to emergency treatment by ship's surgeons. It is known that in 1909 the crew of a single-battleship spent \$3,000 of its own money ashore in one port for vitally needed dental repair.

The need for dental surgeons

began to be officially recognized as early as 1870, but it was not until 1912 that the bill creating the Dental Corps was finally passed into law. An important step in the development of the Corps came in 1922 when a Department of Dentistry was established at the Naval Medical School in Washington, D.C.

Upon its establishment, a total of four Navy dental officers made up the Corps.

Today the Corps has grown enormously in the scope of its activities, contributing to the profession through its educational and research programs.

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Medical reorganization to improve access to quality health care

By Mike Campbell

WASHINGTON (NES) — "Better access to care and more satisfied patients—patients who take pride in Navy medicine," are the bottom-line benefits that Surgeon General Vice Admiral James A. Zimble sees coming from the reorganization of the Navy Medical Department. "We've got to recognize that the problems in Navy medicine are not Navy medicine's problems; they are the Navy's problems," said Zimble. "And it's going to take a concerted effort from all communities in the Navy."

Designed to improve medical care for sailors, Marines and their families, the reorganization will place naval hospitals and clinics under the military command of base, station and area line commanders. This will streamline the chain of command and return critically needed experienced personnel to hospitals and clinics.

The action, recently announced by Secretary of the Navy H. Lawrence Garrett III, is based on the findings of the Medical Blue Ribbon Panel (BRP). The BRP, commissioned in May 1988 to seek ways to improve beneficiary access to Navy health care facilities, recommended establishing "an organization that integrates the shore-based health care facilities into the unrestricted line shore establishment command structure."

Chief of Naval Personnel Vice Admiral Mike Boorda is a member of the BRP and the man responsible for ensuring that the

marriage of the Navy's line and medical communities is a happy one. "What you see here is a real partnership between the line and the Medical Department in the Navy," said Boorda. "The line, by and large, controls the lion's share of the Navy's resources—people, money, things."

We (the line community) do know how to make sure the right things end up in the right place at the right time. That's the expertise the line brought to the BRP, along with a sincere commitment to help Navy medicine do whatever it was that the doctor (Zimble) here determined was the best thing for Navy medicine."

The key features of the reorganization are:

- Assignment of Navy shore-based hospitals and clinics to fleet commanders-in-chief and Commander Naval Education and Training.
- Consolidation of Medical Department headquarters by reactivating the Bureau of Medicine and Surgery with the Surgeon General as Chief BUMED and disestablishing the Naval Medical Command.
- Establishment of the National Naval Medical Center at Bethesda, Md.
- Establishment of six health care support offices (HSOs) in Norfolk, Va., Jacksonville, Fla., Great Lakes, Ill., Pearl Harbor, Hi., London, Eng. and San Diego, Calif.
- Disestablishment of the eight geographic commands (GEOCOMs).
- Disestablishment of the four Medical Clinic Commands

at Washington, D.C., Norfolk, Va., San Francisco and San Diego, Calif.

Clinics will report to the Naval Medical Center or naval hospital in those areas. Other branch clinics and health care facilities will continue for the present to operate in their current command structure.

Commanders of hospitals will report directly to the base commander, who ultimately reports to fleet CINCs or CNET, and who will be responsible for the peacetime readiness of health care facilities to accomplish their wartime missions. Line commanders will be the advocates for the patient population within their areas of responsibility, as well as for the administrative and support needs of the staffs who provide health care to these beneficiaries. The Surgeon General, as Chief Bureau of Medicine (BUMED), will continue to develop health care policy for all shore-based treatment facilities and operating forces of the Navy and Marine Corps.

Since most HSO functions require the technical skills possessed by people now assigned to the GEOCOMs, many GEOCOM military and civilian personnel will be absorbed within the HSO organizations. The vast majority of remaining personnel will fill critical manpower shortfalls at local medical and dental treatment facilities. All reorganization actions are slated for completion by October 1990.

You're seeing positive things out of this already," said Boorda. "All you have to do is ask the people in Charleston (S.C.) or



Vice Admiral Zimble says, "I need to make sure that we are responsive to the needs of the entire Navy family, which includes not only the active duty person but his or her dependents."

anybody who goes to Bethesda or lots of other hospitals."

"I'm really hoping that when it comes to the provider giving care, these things that go on in the hierarchy above him or her go relatively unnoticed," Zimble added. "What providers see is that when they need some supplies, when they need some support, it's there. I see this as a

great opportunity to sensitize our line commanders as to how complex Navy medicine is today—what's required to do it right—and be assured we have the support, the advocacy from the line enabling us to meet our demands. That's what the reorganization is truly all about and I'm ready to get on with it."

BUMED from page 1

Bethesda reverted to its previous title and organization as the National Naval Medical Center. "In October we will take the third step," said Zimble, "when the geographic commands are disestablished. In their place will be support organizations that will be the arms and legs of the Bureau of Medicine and Surgery. They will provide primary and technical support to our facilities, while we turn over to the line—Navy and Marine Corps—the military command and control of those facilities."

"It's the right thing to do. It streamlines our community and allows us to be more sensitive to the needs of our patients."

Sensitivity to people's needs was one of Sears' fortes, and he was instrumental in establishing numerous "people programs." When Zimble first stepped up to the podium, he remarked on the praise and credit Sears had given to the Navy's health care professionals. "But Admiral Sears is a bit too modest," said Zimble, before reading from Custis' prepared speech: "Today belongs to Rear Admiral Jim Sears as he completes service to his country and his Navy. Since I first met Jim in Philadelphia, I have followed with admiration his naval career."

Zimble then added his own praises, referring to Sears' duty off Vietnam aboard the hospital ship USS *Repose*—duty which

Sears credited with his decision to make Navy medicine a career. "He was one of the first psychiatrists," said Zimble, "to realize the true clinical aspects of Post Traumatic Syndrome. He wrote the book for SPRINT, Navy medicine's Special Psychiatric Rapid Intervention Team, which proved vital to the sailors aboard *Iowa* following this spring's tragic explosion."

Before the reading of orders that makes the change of command official, Zimble presented Sears with the Legion of Merit,

Gold Star in lieu of third award, and presented Mrs. Elsa Sears with a Certificate of Appreciation for her unfailing support and understanding during her husband's career.

Zimble's voice wavered slightly with emotion as he again quoted from Custis' remarks: "Jim Sears, in the last lines of his last *Commander's Letter*, said it has been an honor to serve with

him." With the time-honored words of a Navy change of command—I stand ready to relieve you; I stand relieved—the Bureau of Medicine and Surgery came back to the future.

NORWESTER

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Have women come a long way?

By SN Laura Martin
NORWESTER Staffwriter

NAVAL HOSPITAL, OAKLAND, CALIF. — "Heritage of Strength and Vision" was the theme for this year's Women's Equality Day celebration at Naval Hospital, Oakland, held in the hospital clinical assembly of the hospital. Assembly member

Commander Janet Peterson ACOS for Plans and Operations, GEOCOM

"Yes, women have made many strides over the past several years; however, we have a long way to go in some areas. An example is that predominantly female professions still experience salary compression as compared to predominantly male professions. Salary com-

Master Chief Hospital Corpsman Michael L. Stewart, Command Master Chief, GEOCOM

"Absolutely, there are women on ships now and the Chief of Naval Operations task force appointed to study women's

Specialist 4 Maria A. Beebe, USA, San Francisco Medical Command

"Throughout the centuries, many women's goals and dreams have been overlooked or put aside because of the belief that 'all women were meant to stay at home and bear children.' The women of the '90's

Lieutenant Commander James B. Masingill, Staff Judge Advocate General, GEOCOM

"Yes, especially lawyers. There are far more female attorneys now than when I came in

Seaman Apprentice Christine E. Campbell, Admin., GEOCOM

"Yes, women have come a long way, both in the military and civilian sectors. The oppor-

Cindy Huston, Assistant Manager/Catering Manager, O' Club

"Yes, I believe women have come a long way in the business

Delaine Eastin, California state representative for the 18th District, was the guest speaker in recognition of the passage of the 19th Amendment to the Constitution that granted women the right to vote.

In recognition of Women's Equality Day we asked several people (at random): "Have women come a long way?"

pression means that while the starting salaries may be similar, the average endpoint in salary growth is considerably higher for some of the predominantly male professions as compared to female. Even within some professions, men tend to be paid higher salaries than women do who are equally matched in other categories of work experience."

equality shows that they've come a long way. However, I would like to see more women as commanding officers and command master chiefs. They've still got a long way to go."

have made many contributions, but, although we seem more career oriented, we still hear and face the prejudiced people who believe 'our place is in the kitchen.' We have, indeed, come a long way but we still have a long way to go, and frankly, I don't expect a path of roses on our long strenuous journey."

the service. Today females make up about 20 percent of JH4AG corps officers. It's what you produce in court and not whether you're wearing a skirt or pants that matters."

tunities women have today have skyrocketed. Women can now practically do just about anything they want in today's world. I feel this is how it should have always been."

world; however, statistics show that violence against women is on the rise and that's frightening."

NAVHOSP Oak Harbor negotiates new labor contract

NAVAL HOSPITAL, OAK HARBOR, WASH.—The Management of Naval Hospital, Oak Harbor, Naval Air Station Whidbey Island and the American Federation of Government Employees (AFL-CIO) Local 1513 recently concluded collective bargaining and contract negotiations for federal civil service employees and the naval hospital, commissary.

Benefits

The new agreement covers parking, work breaks, training, communication, wage surveys, disciplinary actions, grievances, promotions, lunch breaks, health & safety, overtime, annual leave, sick leave, administrative leave, performance appraisals and time clock policy. The Navy gained by enhanced working relationships with civilian employees, and the union gained by improving working conditions and benefits for union employees.

The union negotiation team consisted of: Jim Hughes, chief negotiator, Steve Wright, local president, Al Ulmer, chief stew-



Captain Jackson, commanding officer, Naval Hospital, Oak Harbor, signs the contract document while Mary Fealy and Jim Hughes look on.

ard, Martin Manson, fire department shop steward, Carole Hurt, supply shop steward, and Majorie Brown, hospital steward.

Negotiators

The Navy management team was headed by: Ms. Mary Fealy, chief negotiator, Commander Richardson, operations department, Lieutenant Commander

Stevens, supply department, Lieutenant Padula, naval hospital, Ted Nagasaki, data processing and civilian personnel.

For additional information please contact Jim Hughes, AFGE 1513 at 257-2607 from 1:30-4:30 daily.

Training seminar for Bay Area DT's slated

NAVAL DENTAL CLINIC, SAN FRANCISCO, CALIF.—During the period September 27-30, 1989, the Naval Dental Clinic, San Francisco, is offering a training seminar for dental technicians assigned to all San Francisco Bay Area commands. Training will be conducted at the Naval Technical Training Center located on Naval Station, Treasure Island.

The program commences at 7:30 a.m. daily, and culminates with a picnic and presentation

of certificates of completion at 12 noon on September 30.

In addition to training conducted in dental related areas, speakers from various organizations will offer presentations in areas ranging from financial management to substance abuse. Captain D. Antrim, commanding officer, Naval Dental Clinic, San Francisco, encourages all commands with dental personnel attached to take advantage of this outstanding

training opportunity.

"Training of enlisted personnel plays an important part in our ability to complete our mission and fulfill our contingency role during mass casualty situations."

The point of contact for this training is Master Chief Dental Technician Jerry Kean, Command Master Chief, Naval Dental Clinic. He can be contacted at Commercial (415) 765-5553-54 or Autovon 869-5553-54.

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Star-spangled night at the 'stick

Hospital Corpsman Frank Thomas, a mortician assigned to the office of Medical Affairs, Naval Medical Command, Northwest Region, gave a performance of a lifetime when he sang the national anthem at Candlestick Park July 14 during "T.I. Night at the Stick." Thomas is also the chapel choir director at Treasure Island. (Photo by Nick Chase)

CDR Fran Hughes: A life of total commitment to Navy Medicine and people

By R. L. Haworth
LTJG MSC USNR

NAVAL HOSPITAL, OAK HARBOR, WASH.—“Study hard. Go for all of the education you can get, and always remember to keep a sense of curiosity. You are here to serve your country, and you hold a position of trust.” With those sentiments and a lifetime of Navy medical experience to back them up, Commander Fran Hughes retired June 30. He had come a long way since his enlistment in 1957.

Hughes, former executive officer of Naval Hospital, Oak Harbor, bid farewell after over 33 years of naval service. His retirement ceremony was held in front of the Naval Air Station's Bachelor Officers Quarters. Attending were Hughes' family, friends, and hospital staff.

Hospital Recruit

Following a brief review of Hughes' naval career and impressive list of accomplishments by guest speaker Rear Admiral Grady Jackson, Commander Medium Attack Tactical Electronic Warfare Wing U.S. Pacific Fleet, Hughes was presented with the Navy Commendation medal, letter of commendation from Rear Admiral David L. Lichtman and farewell letters from Vice Admiral James Zimble, RADM Lichtman and Rear Admiral Don Shuler. Hughes' wife Mary was also presented with a letter of appreciation and a bouquet of roses for her continuous and unfailing support. Presentations were made by CAPT Jackson, CO Naval Hospital, Oak Harbor.

Hughes enlisted in the Navy in 1957 as a Hospital Recruit. After boot camp at Bainbridge, MD, his assignments included: St. Albans Naval Hospital; 1st Marine Division (Rein), (Fleet Marine Force, Camp Pendleton, CA; 5th Marine Expeditionary Brigade; Nuclear Power Training Union, Windsor, Conn.; and Naval Hospital, Portsmouth, VA. As a chief hospital corpsman, he was assigned to Naval Support

Activity, DaNang, Republic of Vietnam. Upon return from Vietnam, he was assigned to Hospital Corps School Staff, San Diego.

Ensign

In 1972, Hughes was commissioned from Master Chief Corpsman to Ensign, Medical Service Corp (MSC) and assigned to Naval Hospital, Oakland. Subsequent assignments were USS SANCTUARY (AH-17) 1973-1974, as fiscal supply officer; Naval Hospital, Port Hueneme, Calif. as personnel patient affairs officer; and Naval Clinic Glenview, Ill. as the officer in charge. In 1985, he assumed duties as medical department head, Diego Garcia. In 1986 he arrived on Whidbey Island to begin his final tour as executive officer of Naval Hospital, Oak Harbor.

During his 33-year career, Hughes graduated with an Associate of Arts in Business Management from Southwest Junior College, Chula Vista, CA, Bachelor of Science, Healthcare Administration from George Washington University, Washington D.C. and a Master of Arts, Human Resource Development from Pepperidge University, Malibu, CA.

Some of his more notable achievements include: Two Meritorious Service Medals; two Navy Commendation Medals; Navy Achievement Medal with Combat "V"; Combat Action Ribbon; Presidential Unit Citation; Navy Unit Commendation; two Meritorious Service Unit Awards; Navy Good Conduct Medal (fourth award); National Defense Service Medal; Armed Forces Expeditionary Medal with Marine Corps Service Device; Sea Service Deployment Ribbon; Navy/Marine Corps Overseas Ribbon; Vietnam Service Medal with four combat stars; Vietnam Armed Forces Meritorious Unit Citation (Gallantry Cross); Vietnam Civil Action Unit Citation and Vietnam Campaign Medal.

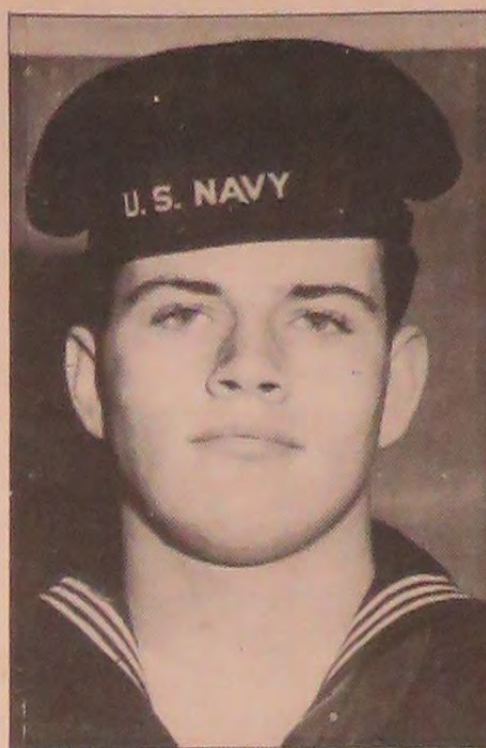
Dress smart when exercising

By LCDR ED Marcinik,
Ph.D., MSC
Navy Health and Physical Readiness
Division

WASHINGTON (NES)—The most stressful environment for exercising involves both heat and humidity. When the air contains a large quantity of water vapor, sweat will not evaporate readily. Since it is this evaporation process that cools the body, adequate cooling will not occur in very humid conditions. The intensity of exercise lasting 30 minutes or more should be reduced whenever relative humidity and air temperature reach high levels.

It is important not to impede heat loss from the body. When exercising in the heat, never wear clothing that will interfere with heat loss. The following basic guidelines should be adhered to:

- Always wear lightweight, well-ventilated clothing. Most synthetics retain heat; cotton clothing is much cooler. Wear light-colored if you're exercising in the sun. White reflects heat better than other colors.
 - Never wear waterproof or non-breathable garments. The notion that wearing non-breathable leggings while performing dance exercise will result in fat loss from legs is a myth. Wearing waterproof clothing is a dangerous practice that could lead to significant heat stress and heat injury.
 - Replace body fluids as they are lost. Drink lots of fluids (preferably water) at regular intervals while exercising. Don't wait until thirst occurs, because thirst is not an adequate indicator of the need to replace body fluids.
- Recording daily body weight is an excellent way to prevent accumulative dehydration.



The life and times of Fran Hughes

Clockwise: CDR Hughes takes a break from a stressful assignment in Da Nang (Vietnam); CDR Hughes as he looks today; LTJG Hughes aboard the hospital ship USS Sanctuary (AH-17) where he served from 1973-1974; CDR Hughes assisting in the distribution of Project Handclasp materials; and HR Hughes as he looked fresh from basic training in 1957.

Hughes thanked friends, staff and his wife for their support. He added that sailors should try for all of the education they can get, and to always maintain their integrity, curiosity, and the knowledge that they hold a position of trust.



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Seattle OMA makes things easy for you

By Diane LaMacchia
Public Affairs Officer

NAVAL MEDICAL CLINIC SEATTLE, WA.—Last year a young sailor was at home in the midwest enjoying his leave, when he seriously injured himself on the highway. He crashed his motorcycle on

Usually, when a service member is admitted to a civilian hospital, someone in his or her command knows where the member is and notifies the appropriate OMA, explained Miner. But, if someone goes on leave and gets hurt "that's when we don't know," she said.

"Sometimes OMA gets the

"Any time active duty people are hospitalized in a civilian hospital we (OMA) monitor their medical care," said Lieutenant

and his medical records were at his parents' house. Miner called a naval reserve center, and one of the reserves drove 200 miles,

usually given to members stationed in remote areas, but approval is not given across the board.

"It's the member's responsibility to submit the bill with the supporting paperwork to us. We will pay it if it's a valid bill."

—LTJG Stephen A. Gregerson

Junior Grade Stephen A. Gregerson, MSC, USN. Gregerson is head of patient administration for the clinic.

Then OMA ensures members are transferred to federal facilities as soon as they are stable. OMA monitors the costs of hospitalization and handles administrative functions. OMA also monitors active duty people in non-naval hospitals such as Veteran's Administration hospital—where Miner estimates her office monitors 10 to 20 patients a month—or Madigan Army Hospital where some 20 to 75 Navy patients are treated per month.

When the Nebraska sailor injured himself, he was on leave

picked up the sailor's records, and mailed them to a personnel support detachment in Omaha.

The sailor's head injury was severe. "We thought he was going to die," Gregerson said. Miner had the difficult job of talking to the patient's father and obtaining details about the accident. While trying not to make matters more painful for the father, she had to find out if his son was wearing a seat belt and if alcohol was involved.

"Dad was actually very good," Miner said. "I just asked him how the accident happened."

The reason OMA needs to know the circumstances surrounding the accident is that

Hospital Corpsman Second Class David Grimon processes the bills. He enjoys dealing with people from all over the country and says he pays most bills within a week of receiving them.

Staff

"We usually deal with the day's mail that day," his boss, Gregerson, added.

The office staff which includes Leading Petty Officer HM1 Karen Admire who's responsible for non-naval hospitalizations, and HMC Jim Epperson, assistant for patient administration, process an average of 450 claims a month from anyone who received care in the nine-state area.

But, Gregerson points out, OMA can't pay the bill unless it knows about it.

"People expect that once they go to a civilian hospital, the



Naval Medical Clinic, Seattle houses one of the Navy's Offices of Medical Affairs. Soon all OMA's will consolidate into one large office in Great Lakes, Illinois. (Photo by Diane LaMacchia)

an interstate in rural Nebraska, miles and miles away from any Navy facility. A local civilian rescue worker rushed him to a nearby hospital where surgeons worked to save his life.

Two days later, the Navy found out about the accident when the sailor's father called the Office of Medical Affairs (OMA) at the Naval Medical Clinic, Seattle, Wa.

"Otherwise this kid would have been sitting out there, and no one would have known he was there," said Hospital Corpsman First Class Tracie Miner, 25, who received the phone call from the sailor's father.

hospital bills, and that's the first we hear of it," Miner continued.

In this particular case, the sailor's father called the American Red Cross, and the Red Cross told him to call OMA and gave him the phone number of the appropriate office.

The office at the Naval Medical Clinic, Seattle, soon to be combined with other OMAs into one office in Great Lakes, monitors patients in a nine-state area and that part of Canada north of the nine states. The Seattle office covers Washington, Oregon, Montana, Wyoming, North and South Dakota, Nebraska, Idaho and Alaska.



LTJG Stephen A. Gregerson, head of patient administration for Naval Medical Clinic, Seattle, oversees the office of Medical Affairs. (Photo by Diane LaMacchia)



HM1 Tracie Miner has the difficult job of obtaining details of injuries from the active duty members' families. (Photo by Diane LaMacchia)

Seattle clinic hooks up to AMA network

By Diane LaMacchia
NWREG Public Affairs Officer

NAVAL MEDICAL CLINIC, SEATTLE, Wash.—Without adding a single book, the clinic library here has vastly expanded its capacity to provide current medical information.

In early July, the Seattle Medical Clinic's library hooked into the American Medical Association's (AMA) network—

a medical search computer.

The clinic pays six cents a minute for actual usage time.

"It gives all the latest information on diseases," explains Commander Marcella Zettler, Nurse Corps, who heads the clinic's education and training department. "Books get outdated so quickly," Zettler added. "It's not economically feasible to keep up a library."

The AMA medical search

computer is only accessible to AMA members. Fortunately, medical director Captain Thomas Henn, Medical Corps, was able to arrange with the AMA to allow multiple users access to the network.

"The clinic was given a number under my auspices," Henn said. The network is "really handy," he added. "It's one of the best things we could have here."



Commander Marcella Zettler, NC, is head of education and training for Naval Medical Clinic, Seattle. (Photo by Diane LaMacchia)



Medical Director Captain Thomas, Henn, MC, facilitated clinic's access to AMA medical search computer network. (Photo by Diane LaMacchia)

OMA pays all the bills at first, but is not ultimately responsible for payment if the accident is not considered "in the line of duty."

"The Navy goes after the person to pay if the injury is not in the line of duty," Miner explained. This is spelled out in her "Hospital Corpsman One and Chief" book. It says, "an injury cannot be the result of misconduct and be in the line of duty."

Not automatic

Although OMA often does pay a member's bills, it's not always the case, and it's not automatic.

First of all, the Navy has to know about the hospitalization.

"If they do get hospitalized, they have to notify someone in the Navy, so we can be notified," Gregerson said. Then the active duty member has to provide documentation.

"It's the member's responsibility to submit that bill with the supporting paperwork to us," Gregerson continued. "We will pay it if it's a valid bill."

A valid bill would be a bill for an emergency or for "a procedure that received prior approval from this office," Gregerson explained. Prior approval is

Navy will take care of it," Gregerson said. That will only happen if the Navy receives a valid bill. "People go out here on leave and go to a civilian hospital for a second opinion. They can't do that and expect the Navy to pay for something that is non/emergency or elective treatment."

Consolidation

"Bills must be submitted through the member's Navy medical facility," Gregerson said. For example, if someone from Naval Air Station Alameda goes home on leave to Montana and has to receive emergency treatment in a civilian hospital there, the member would have to go to Branch Medical Clinic, Alameda, where the administration department would help them fill out Form 6320.1 (statement of civilian medical/dental care). Then, the member is responsible for making sure the form and the bill gets to OMA.

OMA will continue to exist after the October 1 disestablishment of the geographic medical commands. But in the summer of 1990, the Seattle OMA, like others around the country, will consolidate into one large command in Great Lakes, Illinois.

Dental prosthetic technician Pacis comes home

By Andree Marechal
Workman
NORWESTER Staffwriter

NAVAL HOSPITAL, OAKLAND, CALIF.—Dental Prosthetic Technician Flaviano (John) Pacis worked for U.S. Army Regional Activity for three years after he retired as a Navy chief in 1974.

But, in spirit, he had never left the Navy. So it felt like coming home when he joined the staff of Naval Hospital, Oakland's, dental department in April 1977.

"I was used to the Navy and felt more comfortable in that environment. It is very relaxed," he said. "Also, you get feedback on your work; and this gives you a chance to improve or be pleased with what you do. . . . The Army has more resources, more equipment, but I didn't like the assembly-line type of work I was doing there."

Pacis is highly regarded at the Dental Annex. "He does a superb job," said Commander Gregory M. Horning. "His porcelain work is very artistic, more like sculpture than dentistry." Horning is director of the dental general practice residency program and head of periodontics.

How does Pacis practice his art?

First he makes dental stone casts (also called dies) from the rubber-based teeth impressions he gets from the doctors. The casts are sent back to the doctors who trim and prepare them for a process called "wax coping replacement." The wax copings — also called wax patterns — are replacements of tooth-decayed structures."

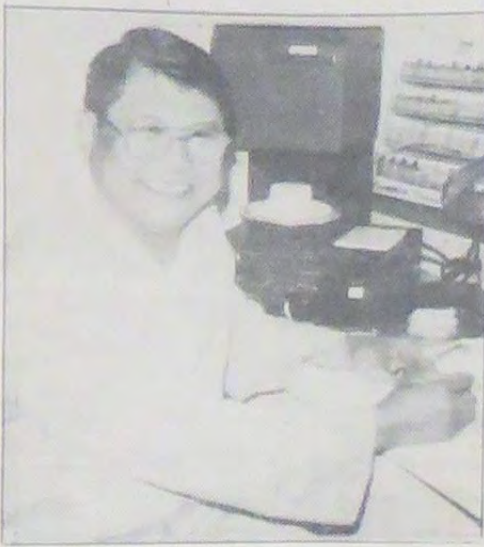
Then, the wax is burned out and molds are created for metal coping or porcelain veneer. The final products are metal or porcelain crowns which are sent

back to the doctors for staining or glazing before they are implanted, or cemented, in the patients' mouths.

Education

Although he probably could make more money in the civilian sector, Pacis likes working at the Dental Annex. He is currently locked in a GS9 position; but he says he does not mind because education is more important to him than money.

"I am willing to continue here at Naval Hospital, Oakland, because of the educational



Flaviano Pacis at work

opportunities," Pacis added. "There are so many things happening in my field, so much research being conducted, and it gives me an opportunity to keep up with new discoveries."

According to Pacis, you don't get that chance in a civilian laboratory. That particular job was like his Army job, Pacis said — like working in a factory where you make a product on an assembly line, but never see the results.

Conscientious

There are other advantages to working for the Navy, according to Pacis. For example, he gets federal government benefits. In his other jobs, his hours were longer; he constantly worked overtime to meet deadlines; and the stress level was high.

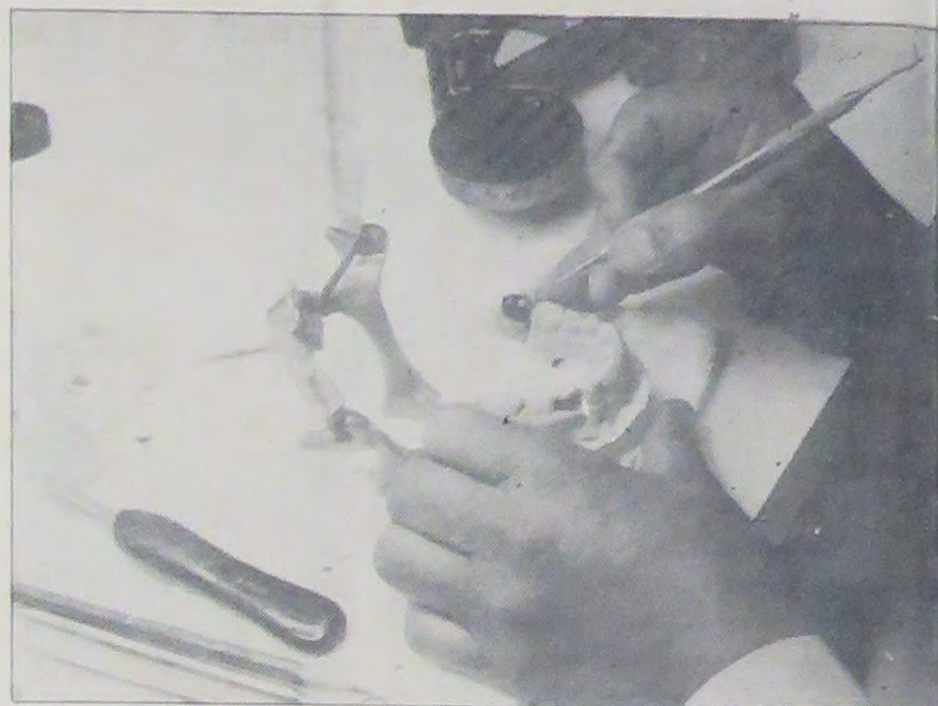
"I was in the Navy before and I know the ins and outs of working here," Pacis continued. "It's easy to deal with a situation when you are familiar with the environment. I know the structure, I know the ways of getting something accomplished because I have the experience and

know the avenues of creating something."

Pacis is a warm and easy-going individual. "Don't worry, take things as they are. Why create a problem when there is none," is his philosophy. "And if you have a problem, concentrate on the solution instead of creating another one."

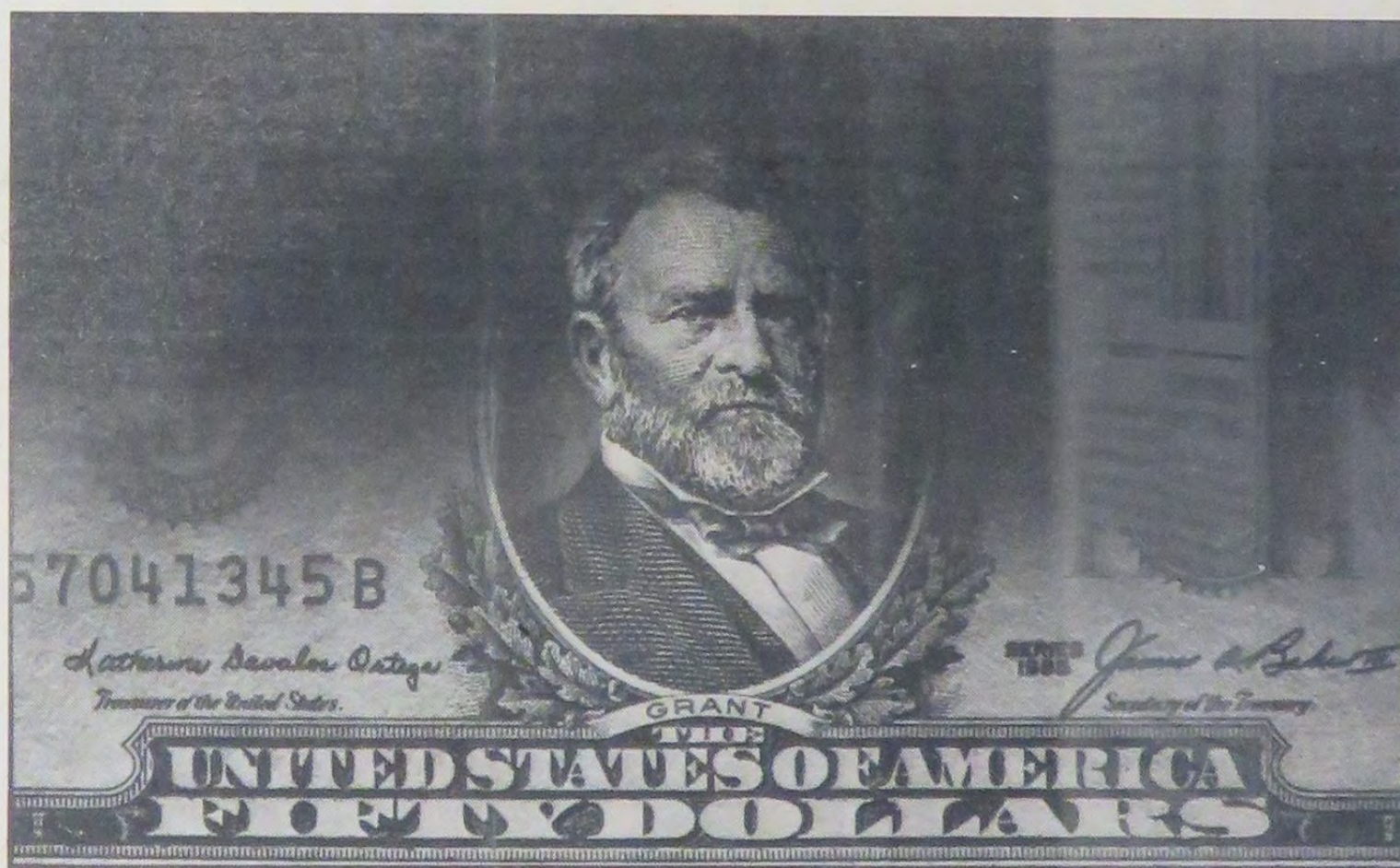
His warmth and contentment are reflected in his relations

with the staff at the Dental Annex, where he is appreciated for his generosity as well as for his talent and professionalism. "He is such a giving person, so generous," Horning said. "He often brings an entire meal and feeds the whole clinic. He is so talented, such generosity is what makes him an outstanding professional."



The dexterity and fine craftsmanship of Pacis' work are often "talk of the town" at NHO. (Photo by SN Mark Herrington)

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CONTINENTAL

CONTINENTAL

NAVHOSP Oak Harbor's spikers no. 1 again

By Don Bateman
Athletic Director
NAS Whidbey Island, Wash.

NAVAL AIR STATION WHIDBEY IS., WASH. — For the second straight year, the Naval Hospital, Oak Harbor No. 1 volleyball team has won the NAS Whidbey Island Spring Volleyball Championship. The hospital team finished league play with a perfect record of 8 wins and zero losses.

They then defeated VAQ-129 in finals of the post-season tournament recently to claim the title.

Experience and teamwork were the two important keys to the hospital's successful seasons. Five of 11 team members played on last year's team, and more recently, finished second in this year's Navy Northwest Regional Tournament.

Those five included player/coach Hugh Buehler, Lou Baer, Michael Craddock, Robert Parrott and Kip Poggmeyer. The rest of the team included Marie Buehler, Winnie Baer, John Beirne, Robert Smith, Samuel Wunderly and Michael Truscett.

At Oakland Army Base

Child Care Center offers better services

By R. Louis Davis
Oakland Army Base

OAKLAND ARMY BASE, OAKLAND, CALIF.—Now hear this—moms and dads!! Department of Defense civilians, and military personnel at installations throughout the East Bay Area.

You are invited and encourag-

ed to bring your children to the newly improved Child Development Center (CDC) at the Oakland Army Base.

This is certainly good news for some parents, and it may come as a reminder for others, but the facility has always been available to employees at all local installations.

Captain James W. Lunn, depu-

ty commander of the Military Traffic Management Command, Western Area wants to ensure that everyone authorized to use the center knows about it.

The center is open from 6:30 a.m. to 5:00 p.m. each weekday.

Child development center children range in age from four weeks to 12 years. Some of the youngsters are cared for at the "Building 647 complex," the older CDC area.

From this group, toddler-age children are brought over to the newer part of the center under a special transfer arrangement.

"They actually graduate to this part of the facility as they reach pre-school age," said Roger Mooney, CDC Coordinator.

"I'm especially proud of the wide variety of services we offer to parents, including a professional staff of child developments specialists and parent groups. We even have a parent resource library," said Gwen Clinton, CDC Director.

The CDC building is centrally and strategically located on Mid-

way Avenue and 10th street. One of the reasons for choosing this site was to take advantage of shade offered by existing trees in the area.

From the standpoints of health and comfort, the modern structure has other advantages. At first glance, the bright new, brightly-colored building and playground equipment gives the

center that one-of-a-kind appearance—one that seems to reach out to kids and say, "welcome."

Military commanders and CDC personnel have vowed to continue working on expansions and services.

For sign-up and cost information please call (415) 466-2076/2687/3166.



Playful kids at the Oakland Army Base Child Development Center. (Photo by Joan Kovach)

"Fair winds and following seas..."



Lieutenant Commander Gerald A. Noss beams with pride while receiving his second Navy Commendation Medal from Commander Janet L. Peterson during his retirement ceremony. Noss is the director of the office of medical affairs, Naval Medical Command, Northwest Region (GEOCOM). Left: GEOCOM Commander Rear Admiral David Lichtman (right) congratulates Lieutenant Commander Larry L. Kilgore on the occasion of his retirement. Kilgore served as the admiral's executive assistant. (Photos by JO1 Dan Guiam)

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The Norwester staff would like to thank the crew of Naval Hospital, Oakland's Med Photo Lab for their valued service in printing the photos for the region's newspaper. More power to HM1 Philip Goodrich and HM2 David Lynn in particular for their outstanding support.

Construction to begin on NHO's main entrance

By JO2 T.S. Begasse
NORWESTER Photojournalist

NAVAL HOSPITAL, OAKLAND, CALIF.—Naval Hospital Oakland's main entrance will soon be renovated to increase energy efficiency in the lobby area. The construction work is expected to begin the end of August and will temporarily interrupt traffic flow at the entrance for up to 30 days.

Patients may enter the hospital from the west entrance near the outpatient/emergency room area or the north entrance near the loading docks located behind the hospital.

"The construction involves building a metal and glass 'store-front' enclosure on the perimeter of the present canopy," says Lieutenant Commander George Smith, assistant director of Naval Hospital Oakland's base operations. "This interim space will prevent loss of heat and cold blasts of air in winter and retain cooler air in the summer."

The vestibule will not only increase energy efficiency, but it will beautify the hospital's main lobby entrance.

The construction project, C14-87, was awarded to the Fremont-based corporation, TRI-CORT, for a total of \$47,000.

Stress proofing through physical exercise

By Rosemary Avery
Naval Submarine Base

NAVAL SUBMARINE BASE, GROTON, CONN. — Physical activity is becoming an increasingly popular way to put the mind and body back together. Many people are now exercising to feel better psychologically as well as physically. The *Physician and Sports Medicine* reports that aerobic training

reduces the levels of epinephrine and norepinephrine, the adrenal gland secretions that prepare the person for "fight or flight." In addition, aerobically fit men and women appear to recover faster from emotional stress, and are better able to cope effectively with stress.

Recent studies, comparing stress-related responses in people who are fit to those experienced by people who are out of

shape, reveal that fit individuals recover from stress more quickly. Exercise and fitness actually reduce the intensity of the stress response by reducing the increases in blood pressure and heart rate associated with a stress response.

Exercising to become strong or to have a good-looking body enhances self-esteem and self-image. Exercise also promotes positive changes in depression

and mood, perhaps due to hormone changes or muscle relaxation. Following a workout, a fit individual usually experiences what has come to be described as a "natural high." The act of exercising itself may help reduce stress by replacing psychological stress with concrete physical stress. It also acts as a distraction from stress and channels repressed anger and frustration into physical activity. Exercise

drains off excess energy may even ward off illness in people who are experiencing stress by reducing their vulnerability to disease.

An exercise program that is enjoyable has more of a chance of becoming a habit. Only compulsive persons will stick to an exercise regimen that is not enjoyable.

Classified

Publisher's Note: Employment opportunity ads are accepted for the sole purpose of providing a needed service to military personnel who are retiring or separating from active duty. They are in no way intended to encourage active duty personnel to seek employment in the civilian sector. Those who are considering a career change are urged to make an appointment for a full and objective evaluation with a Navy Career Counselor.

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AA/EOE

FINAL ISSUE

"Now this is not the end. It's not even the beginning of the end. But it is, perhaps, the end of the beginning."

— Talleyrand

NORWESTER

The Voice of the Naval Medical Command, Northwest Region

Friday, September 1, 1989

Vol. IV, No. 14

Oakland, Calif. 94627-5025

From the Commander

Rear Admiral David M. Lichtman

'Thank you for a job well done....'

I wish to take this opportunity to express my sincere appreciation to each of you for a job well done during my tenure as your Commander. As you know, the Geographical Commands are being decommissioned as of the first of October and I truly believe this is the best direction for the Medical Department. The elimination of bureaucratic layering and the integration of more senior and experienced personnel into our hospitals will help ensure that our best intentions are being focused on medical care.

There are many positive aspects to reestablishing the Bureau of Medicine and Surgery. Streamlining the chain of command and placing more emphasis in leadership at the top will certainly create an environment for improved communication and involvement. I personally have great faith that our line counterparts and the Surgeon General are working in concert with our best interests at heart.

Total Quality Management is the buzz word of the day: certainly not a new idea—just an old and very effective plan revisited. Although we hail our new alignment with great anticipation and enthusiasm, I still truly believe that the Northwest Region delivered the best medical care and management principles to our subordinate commands and beneficiaries.

You, the health care team of Northwest Region, deserve great credit for your dedication, commitment and overall contribution to the success of our mission. Thanks again for your loyal service to me, to the Navy and to the well-being of Navy people in the great Northwest.



Norwords:

How would you capsuleize your tour with GEOCOM?

Ms. Marge Lesage
Executive Secretary
to the Commander

As a "plank owner" of Naval Medical Command, Northwest Region, I can say it truly has been a most challenging and rewarding experience. There were exciting times (Homecoming for USNS Mercy), fun times (bake sale and raffle to support the Oakland Zoo), as well as busy times—and a few frustrations now and then. Ten people reported on board on June 3, 1983, to a staff that grew to well over 150. Only two of those ten are still here. Many have come and gone since then, and I have enjoyed each and every one. Especially rewarding was the opportunity to communicate and work with our far-reaching staff and meet, at least by phone, my counterparts in the Puget Sound Area and Lemoore. It is sad to see the command disestablished, but we must adjust to these "changing times" and, anyway, most of the staff will still be around—just reassigned.



See **Centerfold** for more **Norwords**

'Parting is such sweet sorrow...'

NAVAL MEDICAL COMMAND, NORTHWEST REGION, CALIF.—The sun sinks slowly into the hills of Oak Knoll—electrifying its tree-speckled slopes into a dying gasp of energy. The flag is lowered, leaving a barren pole. Night is but a breath away.

And with night, comes the last issue of Norwester.

We had fun putting it together for our readers, and are reluctant to let it go. We enjoyed talking with you and exchanging news from the four corners of the Northwest Region—from the wards of Naval Hospital,

Lemoore, to the docks of beautiful Puget Sound!

To all our contributors, thank you for your patience in answering all our questions and for providing us with news. We will miss you, but are looking forward to seeing you in print in your respective base publications.

We're not going away, though. We'll still be here spreading the word about Naval Hospital, Oakland, and the San Francisco Medical Command in a new base newspaper. Come by and see us if you're in the neighborhood. Take care!

ATTENTION:

San Francisco Bay Area
military medical personnel!

Who the heck is Red Rover?

For answer, see page 2

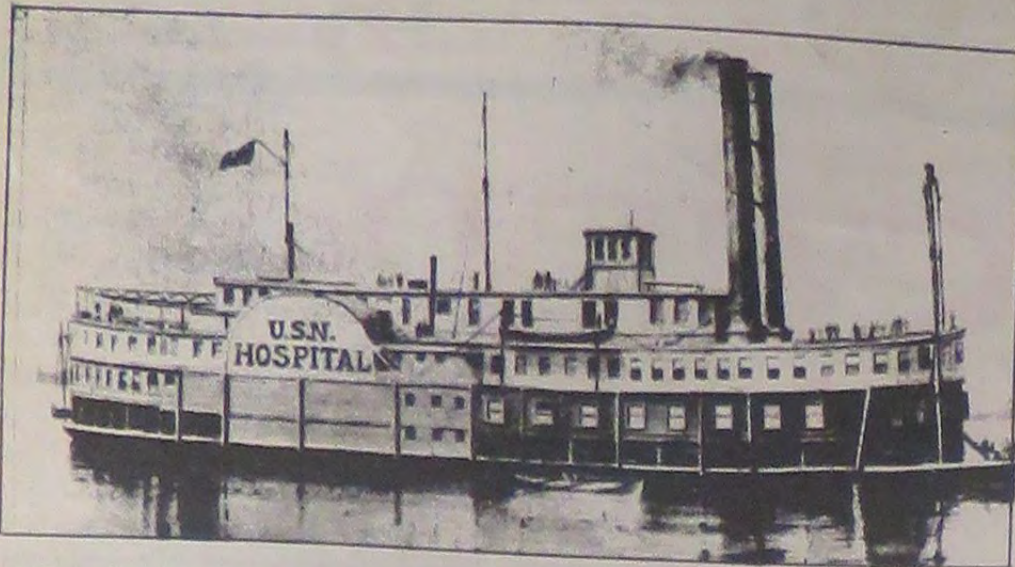
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Red Rover



USS Red Rover was the Navy's first designated hospital ship, formally commissioned in 1862 during the war between the States. A converted side wheeler, Red Rover was considered in her day a "floating palace," with elevators between decks, fully equipped wards, screened windows, well-appointed operating rooms and nine water closets. The Navy's first female nurses served aboard Red Rover. Unlike modern days successors USNS Mercy and USNS Comfort, Red Rover was armed—with one 32-pounder gun. In her three years of service, Red Rover admitted 2,497 sick and injured. Her first patient was a cholera victim.

Bay Area medical personnel will be seeing more about Red Rover in days to come.

Stay tuned!!!

GEOCOM will be history Oct. 1

By JO1 Dan Guiam
Norwester Editor

On October 1st, the Naval Medical Command, Northwest Region, along with other geographical commands in the country, will be formally disestablished in conjunction with the reorganization in the Navy Medical Department aimed at making Navy Medicine more responsive to its health care beneficiaries. It is also geared toward assisting recruiting efforts and retaining qualified medical personnel.

According to Vice Admiral James Zimble the reorganization will place all naval hospitals, naval medical clinics, and naval dental facilities under the military command of Navy and Marine Corps responsible line commanders.

"This integration of our shore-based health care treatment facilities into line-shore establishment command structure is a positive step designed to streamline our health care operation for the benefit of all concerned," said Zimble, the Navy's Surgeon General and Head of the Bureau of Medicine and Surgery. He assumed the latter post at a change of command ceremony August 4, which also saw the disestablishment of the Navy Medical Department headed by Rear Admiral H. James T. Sears. Sears is now retired.

As part of the reorganization, late in June, Rear Admiral David M. Lichtman assumed command of Naval Hospital, Oakland, a move designed to bring a flag officer back into the teaching hospitals to boost support for Graduate Medical Education based on recommendations of the Blue Ribbon Panel. Admiral Lichtman currently commands the Naval Medical Command, Northwest Region, until October 1, and will remain commander of the San Francisco Medical Command after the region's disestablishment.

"Bringing a flag rank officer to a command for the first time marks the change with full weight of the Navy's top leadership," remarked Rear Admiral

John W. Bitoff, commander, Naval Base, San Francisco and Combat Logistics One, who was the guest speaker when Lichtman took the helm of Naval Hospital, Oakland.

Naval Hospital, Oakland, will be integrated into the line-shore establishment command structure of Commander, Naval Base, San Francisco, bringing Admiral Bitoff into the Navy medical chain of command.

"This reorganization has been given long and careful study by a diversified and experienced panel," said Admiral Zimble. "I firmly believe this is the right thing to do and the right time to do it. It is our opportunity to build strong bridges between the Navy line and medical communities that will help meet our primary goal—to cost effectively provide ready access to quality health care for all our Navy and Marine Corps beneficiaries and by doing so, to be ready to meet any medical contingency required by our fighting forces."

NORWESTER

RAADM David Lichtman
Commander

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Public Affairs Officer

JO1 Dan Guiam
Editor

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Photojournalist

Andrée Maréchal-Workman
Editorial Assistant

SN Laura Martin
Staffwriter

SN Mark Herrington
Staff Photographer

Bob O'Brien
Publisher

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"The Conspirators" (left to right) CAPT James L. Smith, chief of staff; Ms. Marge Lesage, secretary to the Commander; Ms. Wanda Cappello, secretary to the chief of staff; and LCDR David Bates, executive assistant.

DIANE LAMACCHIA
PUBLIC AFFAIRS OFFICER

"Hold that pose sir."



T.S. BEGASSE, JO2
PHOTOJOURNALIST



"The Enforcers" (front row, left to right): PN1 Alejandro, HM3 Jesus Cerritos; (second row, left to right): LCDR Michael Williams, SA Salita Poole; SA Laura Martin; CDR William Farnham; CDR Dean na Bogart; Mr. Mark Wood; Mr. Rick Collins; Ms. Trudy Silva; Michael Sashin; and CDR Janet Peterson, ACOS/Plans and Operations; (last row, left to right) LT Daniel Bruce; HM1 Keith Malnar; and Brian Posey.

Photos by SN Mark Herrington



NEW NAVCARE CLINIC PROVIDES WALK-IN MEDICAL CARE

NAVCARE Walk-In clinics are a new approach to providing military beneficiaries access to primary health care. NAVCARE Oakland will be open 365 days each year—from 0700 to 2000 weekdays and from 0700 to 1600 weekends and holidays.

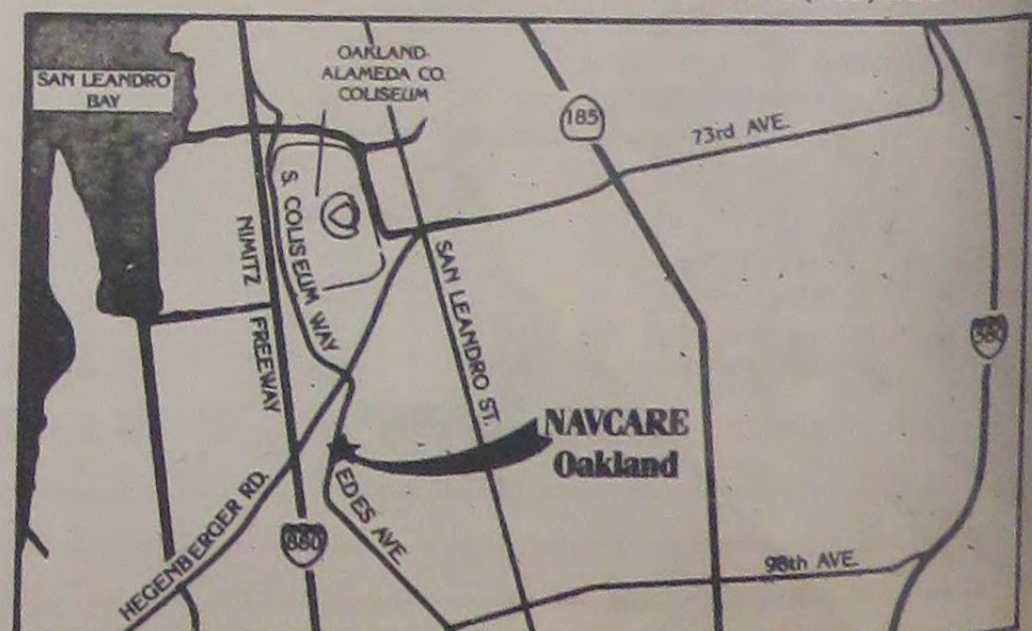
No appointment is necessary and there is no cost to patients for treatment and medication.

All military beneficiaries, including family members, entitled to care at military treatment facilities and enrolled in the DEERS are eligible for care. Basic laboratory and X-ray services are provided on site. Licensed and credentialed physicians and staff provide medical care.

*NAVCARE Oakland is located at:
8450 Edes Avenue
Oakland, CA 94621

Infoline: (415) 632-7286
Other Calls: (415) 632-5514

NAVCARE MAMMOGRAPHY
INFORMATION: (415) 632-7521



Critically ill or seriously injured patients should go to a hospital emergency room. Services are provided by PMP Healthcare Corporation, Alexandria, Virginia, under contract to the U.S. Navy.

Au revoir ★ Aloha ★ Hasta la vista ★ Chereeo ★ Paalam
Arrivederci ★ Sayonara ★ Zai jian ★ So Long Everybody!



"Legal Beagles" (left to right) YN2 Gary Smith; LCDR James Masingill, staff judge advocate; and LN1 Ken Roberts.



"The Access Kids" (left to right) Mr. Ned Cronin; HM1 Joe Manifold; Ms. Shirley Jordan; Mr. Rick Suerth; LT Jim Mitchell; and Mr. Fred Perea.



"The Friendly Lifer"
HMCM Michael Stewart, command master chief.



"The Walking Medical Encyclopedia" CAPT Paul Barry, former ACOS/Plans and Operations and currently NHO's director of community health.



"The Carpenters" LCDR George Smith, Director of Base Operations; and Ms. Helen Strahan.



"The Immortals" (left to right) Ms. Barbara Moulton; and CDR Roland Griffin, ACOS/Logistics.

TRA EXTRA, READ ALL ABOUT IT!



DAN GUAM, JO1 EDITOR



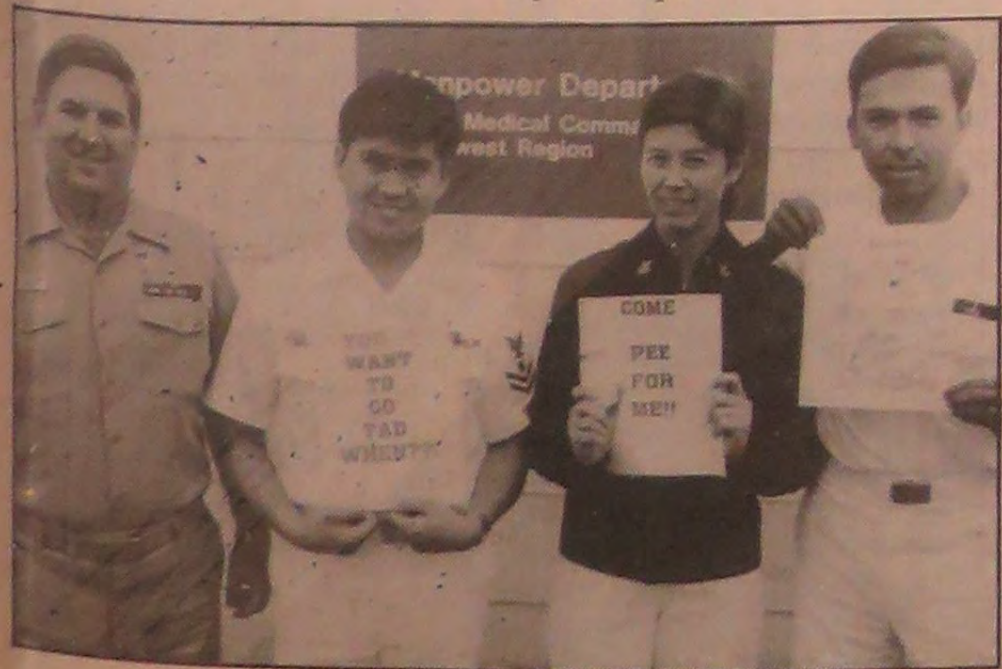
"The Richie Rich Family" (left to right) Mr. Joan Parker; Mr. Galvin Brown; HM2 Vickie Basham; HM2 Steve Hunter; Ms. Ira Anderson; EN Beverly Hall; Ms. Veronica Monroe; CAPT John Kelly, ACOS/Resource Management; and LT John Espie.

ANDRE'E MARE'CHAL WORKMAN
EDITORIAL ASSISTANT

"PARIS FRANCE NOT KENTUCKY!"



"Mr. Fixit" CAPT D.D. Antrim, ACOS/Dentistry.



"The Liquidators" (left to right) HMCS Dave Beck, head of Manpower Dept.; PN2 Louie Reyes; HM1 Janice Poore; and HM2 Sammy Villareal.

"You want how many rolls of film?"



MARK THOMAS HERRINGTON, SN
(YEOMAN STRIKER)



"The Paper Pushers" (front row) QMCS Mike Denton; LCDR Larry Kilgore (now retired), former executive assistant; PN1 Dawin Tabligan. (second row) SA Robert Pitts; HM2 Sandy Gaines; SN Marlon Condoll; SN Christine Campbell; and PNSN Jack McVehil.

RADM Sears ends 25-year naval career

By Sonny Auld

National Naval Medical Center
Deputy Public Affairs Officer

NATIONAL NAVAL MEDICAL CENTER, BETHESDA, MD.—Rear Admiral H. James T. Sears, MC, ended his naval career

streamlining going on in the upper echelons is designed to capitalize on the Line Navy's expertise in obtaining needed resources. This will allow our people to do more of what they do best—provide health care. By working together, we can

"This has been an interesting tour, with many changes and advances being made in the Naval Medical Command..."

August 4 at the same place where he began it 25 years ago, at the National Naval Medical Center in Bethesda. His naval retirement also brought a change of command and a change to his command's name.

Sears ended his naval career when he relinquished command of the Naval Medical Command to Vice Admiral James A. Zimble, Surgeon General of the Navy. The Navy Medical Command was reorganized into the Bureau of Medicine and Surgery with Zimble dual-hatted as its Bureau Chief and as Surgeon General of the Navy.

Increased resources

Sears recently commented on his tour as Commander, Naval Medical Command.

"This has been an interesting tour, with many changes and advances being made in the Naval Medical Command, including its reversion to the Bureau of Medicine and Surgery. Increased resources have allowed Navy medicine to begin to flourish once again. The Blue Ribbon Panel has had its final meeting and is now a standing medical board that will continue the Line's commitment to seeing that the needs of the Navy's medical organization are met.

"For many, the reorganization will not impact you directly. Health care professionals providing patient care should only see increased management effectiveness and efficiency. The revised chain of command and organizational

significantly increase access to the finest health care in the world.

"It has been a great pleasure for me to have commanded an organization blessed with so many dedicated individuals. I leave Navy medicine with gratitude for the fulfilling, rewarding career that I have enjoyed and with thanks to all of you for your support, help and, most of all, your friendship.

"As you enter the 1990s, you will continue to grow and change. Total quality management, catchment area management and innovative responses to the unique challenges faced by Navy medicine will mark the next decade. The potential to be a national model for health care delivery systems exists.

You are a great group of professionals. No matter what the challenge, you have the resilience and creativity to overcome, endure and excel. Navy medicine is very special and I am very proud to have been a part of its history.

Tours of duty

"It has been an honor to serve with you. I will miss you. God bless."

Sears earned his bachelors degree from Wesleyan University in Middletown, Conn., and his Medical Degree from Albany Medical College of Union University. He then served a rotating internship at Albany Medical Center Hospital. Following his commissioning in 1964, he

completed a psychiatric residency at the National Naval Medical Center, Bethesda, where he was also Chief Resident.

He subsequently served as staff psychiatrist at the Naval Hospital, Philadelphia; Head of neuropsychiatry in USS Repose (AH-16) in Vietnam; Chairman of the department of psychiatry at Naval Hospital, Philadelphia; and as Chairman of psychiatry at Naval Hospital, Portsmouth, and at Naval Hospital, San Diego. Sears was also Director of clinical services, Naval Hospital, Oakland, and assumed command of Naval Hospital, Oakland, in 1984. He was promoted to flag rank in February 1984 and assumed the office of director of health care operations in the office of the chief of naval operations. Prior to his present command, Sears was Commander, Naval Medical Command, Southwest Region, in San Diego. He assumed his present position at the helm of the Naval Medical Command in Washington, D.C., in July 1988.

Int'l Medical Team

Sears also served on the Inter-agency Medical Team for American hostages held in Iran, as a consultant to the Surgeon General, on the staff for Operation Homecoming for the return of Vietnam prisoners of war, as a consultant for the Navy's antarctic support force and as an examiner for the American Board of Psychiatry.

He has served on the faculty of medical schools in California and Pennsylvania, is certified by the Board of American Medical Examiners and is a fellow of the American Psychiatric Association.

Sears' military decorations include the Legion of Merit with Star, the Meritorious Service Medal with Star, the Navy Commendation Medal with Star, the Navy Unit Commendation, the



Mrs. Elsa Sears accepts a Certificate of Appreciation from VADM James A. Zimble. (U.S. Navy photo by HM2 Tom Eichling, Naval School of Health Sciences, Bethesda, Md.)

"As you enter the 1990s, you will continue to grow and change. Total quality management, catchment area management and innovative responses to the unique challenges faced by Navy Medicine will mark the next decade."

Meritorious Unit Commendation, the National Defense Service Medal, the Antarctic Service Medal, the Vietnam Service Medal, the Republic of Vietnam Gallantry Cross with Palm Unit, the Republic of Vietnam Civil Action Medal and the

Republic of Vietnam Campaign Medal.

The admiral is married to the former Elsa Hale Weber. They are the parents of four children and have four grandchildren.

TI Dental Clinic to move

By SA Laura L. Martin
NORWESTER Staffwriter

NAVAL STATION, TREASURE ISLAND, CALIF.—Naval Dental Clinic, Treasure Island will have a new location soon due to a construction project which began June 26. The new location will be across from Personnel Support Detachment on the corner of 4th St. and Ave. H. The clinic's present location is on the second floor of the combined medical/dental clinic building on Ave. E.

"I'm very excited about the prospects of a new clinic that will increase capabilities of providing quality dental care to our sailors and marine corps personnel," said Captain D. D. Antrim, Commanding Officer, Naval Dental Clinic, San Francisco.

The new building, a modern, space and energy efficient facility, will house both medical and dental clinics. The total cost of construction is approximately \$13 million.

"It combines an energy efficient, climate-controlled building with the most modern medical equipment available," said Lieutenant Craig S. Anderson. "The new building is a culmination of five years of hard work." Anderson is medical

construction liaison officer for the project.

Farewell too!

GEOCOM staff members not pictured in the departmental layout on page 2 and 3 include:

Mr. Herbert Lindemann
Mr. Robert Hilliard
Ms. Veronica Monroe
Ms. Velma Brooks
Ms. Ann Painter
Mr. Bill Stauffer
HM1 Thomas Bukszar
PN3 Kelli Buzan
Ms. Lucita Love
Ms. Patti Alsdorf
Ms. Frances Sheykzhadeh
HM2 Olen B. Kitchens, III
Ms. Chris Lessler
Ms. Carol Davis
Ms. Sydney Santos
Ms. Sherry Robinson
Ms. Penny Becchio
Ms. Susan Astorga
Mr. Cleveland Etter
Ms. Roberta Moore
MAC Theodore Johnson
LT Craig Anderson
Ms. Harriet Doyle
HM1 Carl Thomas
MSCS Norman Viray
MS2 Hyler L. Howard
Ms. Corithia Sutton
Ms. Helen Depp
Mr. Paul Portch
Mr. Mark Wood
DT1 Calimlim
HM2 Vince Easi
Ms. Norma Lewis
HMC Ronald Bishop
HM2 Louis Gracia
SH3 Patricia Wavri
HM3 Agatha Brooks
YNSN Tom Rizzo
SN Jennifer King
Ms. Elizabeth Morris
Ms. Teresa Walker
MSC Renato Bernardino



VADM James A. Zimble (right) congratulates RADM H. James T. Sears after presenting him with the Legion of Merit (Gold star in lieu of third award). (U.S. Navy photo by HM2 Tom Eichling)

NAVHOSP Bremerton has child waiting room



Children waiting while their parents are seen by doctors at Naval Hospital, Bremerton, find posing with two childcare attendants at the hospital's children's waiting room a playful experience. U.S. Navy Photo by HM2 Steve Gerald.

NAVAL HOSPITAL, BREMER-
TON, WASH.—At Naval Hospi-
tal, Bremerton, people don't
have to worry about their chil-
dren when Mom and Dad are at
the doctor's. That's because
Bremerton has a children's wait-
ing room, fully equipped with
plenty of toys and a lot of love.

Run by 26-year-old Kathy
McGlothlin, the waiting room is
housed in a building a short
walk from the hospital. An aver-
age of 10 children are there at
any given time, between 8 and
4:30, Monday to Friday (closed
for half an hour at noon). Navy
Relief pays McGlothlin to run
the center and volunteers help
her take care of the children,
who range from three months to
eight years of age. The usual
length of time the children stay
is about an hour.

Navy Relief offers the service
free of charge. Not bad, huh,
Mom and Dad?

NAVY NEWS BRIEFS

Trident II Launch Fails

Cape Canaveral, Fla.—The third submerged launch of a Tri-
dent II (D-5) Research and Development missile failed August
15 when the missile self-destructed four seconds into pow-
ered flight.

Missile launch, underwater travel and first stage ignition
were normal. Initial reports indicate problems in the first stage
motor nozzle area and severed electrical cables led to self-
destruction. There were no damage or injuries to the subma-
rine, surface observation vessels or their crews. Despite the
setback, no impact is currently foreseen to the planned ini-
tial strategic deployment of USS Tennessee (SSBN 734) in early
1990.

This was the 22nd test-firing of the Trident II in the series
and the third submerged launch from Tennessee at the east-
ern space and missile center. The first submerged test launch
in mid-March failed when the D-5 missile pin-wheeled
through the air and self-destructed. The second undersea
launch took place August 2nd and was successful in all as-
pects. More submerged test launches are scheduled.

Dubuque Rescues 30 Refugees

Aboard USS Dubuque, South China Sea—In the early morn-
ing hours of August 13, USS Dubuque (LPD 5) rescued 30 Viet-
namese refugees from a small boat in the South China Sea.

The Dubuque was about 400 nautical miles away from their
destination of Singapore when they spotted the overloaded
35-foot craft. The refugees, 23 adults and seven children,
boarded Dubuque after an inspection determined their ves-
sel was unseaworthy. Medical personnel examined the refu-
gees and treated some for dehydration. The refugees were
then transported to Singapore for further transfer.

New Navy Enlisted Classification (NEC) available for Corpsmen

Washington, D.C.—Hospital corpsmen (HM) wanting a lit-
tle "spice" in their job can apply to become amphibious
reconnaissance independent duty corpsmen.

HMs would earn the NEC code B403 to provide medical
services for fleet marine force personnel engaged in direct
action and reconnaissance operations independent of a med-
ical officer. Mandatory training requirements include: attain-
ing NEC 5345 (scuba diver); attending amphibious
reconnaissance school; army airborne enlisted course (par-
achute); diving medical school (partial course); medical non-
commissioned officers course (Army 91B); and special oper-
ations medical (phase IIB).

There are 129 billets for this NEC open to 4-4s through E-7,
under 35 years of age with normal color vision. For more
information, call Lieutenant Nelson at (202) 695-9342 or
Autovon 225-9342.

Stethem Honored with Coolidge Award Posthumously

Northampton, Mass.—Secretary of the Navy H. Lawrence
Garrett III presented the Calvin Coolidge Distinguished Cit-
izen Award to Steelworker Second Class Robert Dean
Stethem's parents on August 12.

In June 1985, Stethem boarded a commercial airline flight
from Athens, Greece, which was subsequently hijacked by
Lebanese terrorists. He was beaten and murdered by his cap-
tors because he was in the military and, therefore, a symbol
of the United States and because he expressed his own deeply-
held beliefs and principles.

Prior to presenting the award to Stethem's parents, Sec-
retary Garrett lauded their son's performance of duty four years
ago: "The life of Petty Officer Stethem will burn always in
the hearts of Americans—an eternal flame—teaching us,
teaching us courage in the face of evil—in the face of terror-
ism. The people of the United States must never forget this
lesson in courage. Our courage may be quiet, but like Petty
Officer Stethem's, it must be unwavering. For, to vacillate,
to be less than unyielding, as a nation, against a war of extor-
tion, is to surrender our self-respect (and) to forfeit our
integrity. Life is priceless. But priceless, too, is the vital les-
son that Robert Dean Stethem has given all Americans to
remember."

The Coolidge Award is presented to citizens who most ex-
emplify the unselfish service and humanitarian principles on
which this country was founded. Besides Stethem, five oth-
ers have received this award: U.S. Representative Silvio O.
Conte (R-Mass.); Bob Hope; former President Gerald R. Ford;
Supreme Court Chief Justice Warren Burger; and Dr. Armand
Hammer.

FOX PENN

CASUALTIES OF WAR

Even in war...murder is murder.

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MICHAEL J. FOX SEAN PENN "CASUALTIES OF WAR"

MUSIC BY ENNIO MORRICONE DIRECTOR OF PHOTOGRAPHY STEPHEN H. BURUM A.S.C. CO-PRODUCER FRED CARUSO BASED UPON THE BOOK BY DANIEL LANG

SCREENPLAY BY DAVID RABE PRODUCED BY ART LINSON DIRECTED BY BRIAN DePALMA

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CHECK LOCAL NEWSPAPERS FOR LOCATIONS AND SHOWTIMES.

Have a happy and
safe Labor Day Weekend!



Ms. Wanda Capello
Secretary to the Deputy Commander

My years with GEOCOM were the icing on the cake of my total federal service. My job(s) here are the best I ever had! Pleasant? Yes. Because I've been treated with much respect and my supervisors appreciated and rewarded my contributions. I've enjoyed great rapport with my co-workers. Challenging? You bet! Taking minutes at day-long meetings with 20+ attend-

ees!—and when Trudy Silva and I learned how to "back up" the word processing system "by guess and by golly." Meet exciting people? Of course! Flag officers from far and wide, and all the VIPs we've received in the command suite, like Dr. Mayer, who walked in unannounced, offered his hand and said "Good morning, I'm Bud Mayer."

Most challenging? Two assignments come to mind:

administrator of the word processing system, including troubleshooting and solving the "down time" problems. And, in a collateral capacity, president of Federal Managers Association Chapter 238 for two years—a real learning and growth experience.

The best part of being assigned to GEOCOM? The position I hold in its entirety. Working with, and for, some of the world's nicest people!

Norwe

Ho
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to
G

Photo

Ensign Beverly Hall
Internal Review Department

Challenging—Yes.
Pleasant—Undecided.
Exciting—???
Fun—???

The most challenging assignment I performed at GEOCOM was trying to figure out where I'll be working next: GEOCOM-Hospital-GEOCOM-Hospital-GEOCOM-Hospital-GEOCOM-Hospital or ???

The opportunity to learn and work at the GEOCOM level within the hierarchy of Navy Medicine was the best part of my assignment.



Mr. Dave Clark
Head, Internal Review Department

You took the words from my mouth: "It's challenging." I was on a tour at GEOCOM. I met them, Deputy Commander and Assistant Chief of Source Management, Barry, Captain, Assistant Commander, Commander, Commander, Porter, Commander, Senior Chief Beck, Ned Cronin, Christopher O'Daniel, Ira Anderson, Barbara John Wood, Jim Smith, Jim Barrett, Griffin, Commander.

Lieutenant Daniel J. Bruce
Environmental Health

This tour has been a lot of work. But at the same time it was a lot of fun. I wish we could continue.

Developing a regional environmental health program where one did not previously exist was my most challenging assignment.

Meeting and working with all the great, highly professional people was the best part of being assigned to GEOCOM.



Petty Officer 1st Class Ken W. Roberts
Discipline Petty Officer

My tour with GEOCOM was pleasant. The highlight was working with professionals; namely, Lieutenants Lueker and from whom I learned a lot. Thanks to them both for their incredible enlistment. I've also had a chance to work with—Master Chief and Master Chief.

Working with the community vice the community has been a unique experience. The best part of my assignment was watching changing events lead to restructuring of the community—

Commander Deanna Bogart
Plans and Operations Department

My one-year assignment to the GEOCOM has provided multiple opportunities to expand my knowledge in the areas outside direct nursing care and hospital-based education programs.

Participating as a member of the Command Inspection Pro-

gram was the most challenging part of this assignment.

What I liked most was the opportunity to work with the GEOCOM'S talented, professional and caring staff, who took the time to share their expertise when I needed assistance.



Would you
size your
with
OM?

Mark Herrington

Senior Chief Denton, Dave Bates, Lieutenant Sashin, Lieutenant Commander Noss, Wanda Capello, Marge Lesage, Lieutenant Commander (George) Smith, Scotty McFayen, Joan Parker and Galvin Brown in Budget, Lieutenant Espie, Bob Hilliard, Kim Freeman, Diane LaMacchia and many more. — They are all exciting people with whom I found great pleasure in working.

Among some of my most challenging assignments are: 1) Telling Captain Smith when he was Assistant Chief of Staff (ACOS) Logistics that his Public Works Department was broke. Lieutenant Commander Barrett, newly on board, didn't take it well either; 2) Implementing the command inspection program.

Without Rear Admiral Lichtman's support and that of Captain Barry, Ensign Hall and a professional team of inspectors, it could not have been done; 3) Management control program. Medical Command's wishy-washiness caused us to re-implement twice in the past two years.

Being associated with the staff, hearing their ideas and seeing those ideas put into practice was the best part of my assignment at GEOCOM. We at the Northwest Region did a good job. This region might have saved the GEOCOM concept had we done in 1986 (when Navy Inspector General Admiral Chang paid his visit) what we've been doing for the past one and a half years.

Ms. Ira Anderson Head, Budget Division

My tour with the GEOCOM has been an interesting and enriching experience. I've had the opportunity to meet many people throughout the region who have been very pleasant to work with. Although working at GEOCOM has held plenty of challenges for me, it's also been a rewarding task.

The most challenging task I've had to perform was the preparation of the Fiscal Year 1989 mid-year review of the regional budget.

The best part of this assignment was when I stepped out into the hallway one day and came face to face with a bigger-than-life Scooby Doo. He's one of my favorite cartoon characters who was here to publicize the command's Great America picnic.



Lieutenant Commander Willard H. Farnham Head, Health Care Contracting

This is my second tour at GEOCOM. The best part of each tour was the chance to provide real-time assistance to several commands. I am sure that the loss of this help will be felt most sincerely by the small facilities.

Learning the contracting process quickly was my most challenging assignment.

The opportunity to have a real impact on several commands in fulfilling their mission was the best part of my assignment.



Hospital Corpsman Sandra Gaines Central Files

Working at GEOCOM was a very enjoyable experience. The people were very friendly and helpful to work with.

My most challenging assignments were routing the mail to the necessary departments and keeping track of the incoming and outgoing correspondence.

The best part of being assigned to GEOCOM was simply being assigned there.

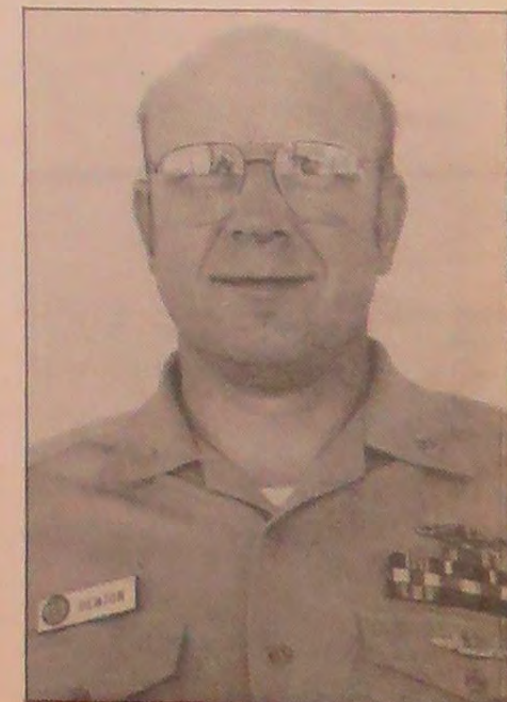
Senior Chief Michael A. Denton Administrative Assistant

Just being assigned to GEOCOM has been challenging.

As a line command quartermaster in a medical command, my duties have been exciting and different from anything I have ever done before. Successfully being the administrative officer of a major command was only possible because of the outstanding support I received

from Petty Officer 1st Class Tabligan and the rest of the personnel in my division. My future assignment with the San Francisco Medical Command will be even more interesting when I try to fly by myself.

Being a part of the medical community has rounded out my experiences in the Navy. Previously, I have been in submarines, supply ships, an amphibious assault ship, port services and a schools command.



stand-by." It has always kept me on my toes.

Exchanges and commissaries eyed for better service

By Lieutenant Commander Glenn Flood, USNR

WASHINGTON, D.C.—About 60 people who are involved with family support services at Navy installations around the world crowded into a small room at the Omni Hotel in Norfolk, Va., last November to receive the bottom line message that the Navy exchanges and commissaries will face problems in keeping their customers in the Year 2000.

Long gone

Eileen Siegel, deputy commander for marketing communications with the Navy Resale and Services Support Office (NAVRESSO) presented a 50-minute slide show that addresses more of what needs to be done to save the resale system than what the system can do to better serve the Navy customer. Siegel's show had a comic angle in its explanation of retailing in the past, present and future. She stressed that the old days of "Mom in the kitchen" are long gone.

Citing demographics, Siegel said that the military customer wants the same things as his or her civilian counterpart, from elders to baby boomers, and to a group she calls the "busters," a category which is confusing retailers because of their tendencies to be "high on everything," she said.

Siegel said that in the Year 2000 there will be new types of customers and new types of employees in the exchanges and commissaries. Blacks and Hispanics and Asians will play a greater role in determining how the Navy Resale System will work, she explained.

Robot clerks

Commenting on automation and the possible use of "robot clerks" in the future, Siegel said that in the next three years all Navy exchanges and commissaries will be in the scanning mode, which should allow for greater efficiency in operations and faster shopping for the customer. One result of all the automation would be bidding good-bye to the many people now working on support staffs, Siegel warned. That group would be drastically reduced in the Year 2000.

Another side of the shift in types of employees involves the use of part-timers and teen-age workers who may be able to work for relatively lower wages. Siegel said demographics will not really tell the retailer anything about the customer.

By the Year 2000, according to Siegel, we will see the following:

- Electronic cottages—home work stations, more people working in their homes with computers.
- "Cocooning"—customers will stay in their homes more and use computers to determine where to find the best buys.
- Credit Cards, as we know them, will be a thing of the past. "Access Cards" will be the wave that will allow the user to do almost anything.
- Good eating habits will continue and more juices and non-

alcoholic drinks will be stocked in the commissaries.

- Fast Food outlets will become more upscale.
- More youngsters will be doing the buying because they will be cooking for themselves.
- Electronic type toys will continue to be big movers
- Cosmetics will be profitable.
- Budget lines/private labels will still be stocked.
- Casual apparel will have a negative impact on exchanges.
- Home entertainment items will be "bumpy," and furniture and household lines will be a problem.
- Fitness, exercise equipment and all sporting areas will grow.

Losing sight

During the discussion period, the never-ending problem of how NAVRESSO buys and who it buys for was brought out by the audience. One chief petty officer wondered why the Navy Exchange did not stock less-costlier household items. "Why can't we have a choice of buying a Samsung microwave oven

rather than just GE or Amana?" he asked.

The audience consensus was that NAVRESSO may be losing sight of who the Navy customer is—agreed by those in attendance to be the Navy enlisted member. The conclusion of the participants was that NAVRESSO would need to look at its methods if the exchange and commissaries intended to better serve the customer in the 21st century.

Federal Corner: Update on sexual harassment

A federal appeals court has set a lower standard than the one used in civil rights law for judging that sexual harassment has occurred in the federal workplace.

It upheld the firing of an Air Force technician who contended that harassment should be ruled only when it affects another's conditions of employment or psychological well being. Instead, the court said that harassment can occur when it creates a hostile work environ-

ment that includes "discriminatory intimidation, ridicule, and insult." And it ruled that agencies may fire employees charged with sexual harassment, even if their victims don't file discrimination charges.

In this case, a male technician was dismissed for allegedly relating "weird" sexual stories to a female worker. He was also accused of asking another coworker specific questions about her body functions, weight, breast size and sex drive,

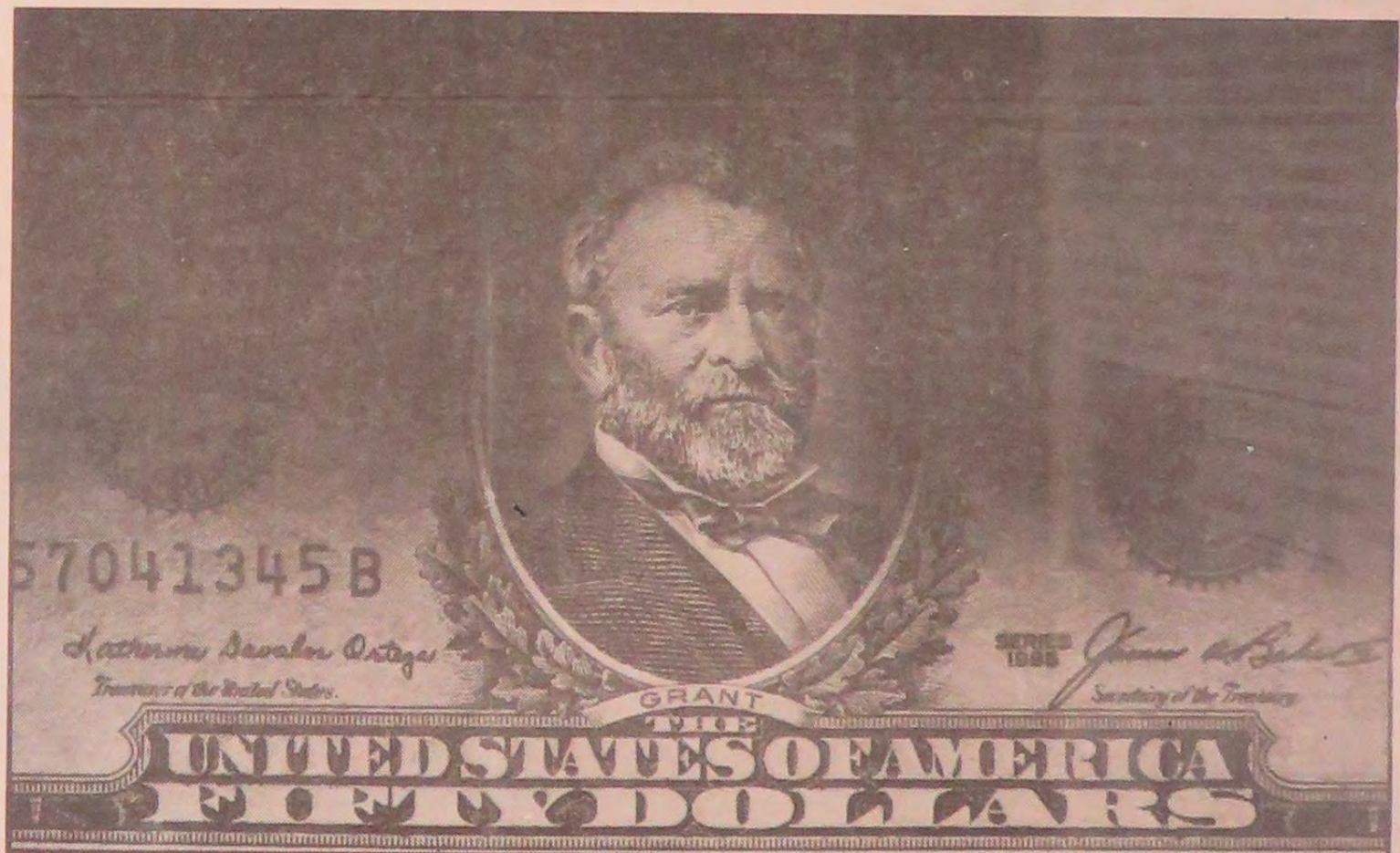
and of grabbing and kissing against her will. A third woman said he often touched her on the back and shoulders despite her protests.

All this "was unwelcome, female employees), sexual nature, offensive, and likely have an adverse effect on agency's functioning," the court said.

(Reprinted from the Weekly Federal Employees' News Digest, June 19, 1989)



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CONTINENTAL MIL

Oakland mayor's summer youth program alive and well at Naval Hospital, Oakland

Story and photos by
JOI Dan Guiam
Naval Hospital, Oakland

NAVAL HOSPITAL, OAKLAND, CALIF.—Fourteen-year-old Azucena Ortega flashes an exuberant smile every time someone asks her what she's been up to this summer, but it's not because she's having a fabulous summer vacation or simply making it easy as most of her contemporaries do. In fact, the Roosevelt Junior High School student chose to work, convinced that she is doing something that could help her land a lucrative job in the future.

Thanks to the Mayor of Oakland's Summer Youth Employment Training Program (SYETP), not only does Ortega enrich her future career, but she also brings her community closer to Naval Hospital Oakland.

Ortega, along with 37 others, are on-the-job training at the hospital to gain work experience through SYETP. A federally-funded program, SYETP is Mayor Lionel Wilson's pet project. It is designed to help young people from low income families acquire a trade, work habits and experience that will prepare them to compete in the

job market. The program's secondary goal is to build self-esteem among the students by providing them an active involvement in useful work. And it keeps them off the streets where turf violence and drug dealings proliferate.

Self-discipline

"Through its community outreach efforts, Naval Hospital, Oakland, (NHO) and its staff provide students with opportunities to develop traits that are valued and admired by society," said Weldon Miles, head of the equal opportunity employment office at the naval hospital.

"We are not just helping the community, but the community is helping us as well," continued Miles, the project coordinator for the hospital. "We get quality help from the students and our worksites provide quality training for them."

"Students learn self-discipline, work skills and good work attitudes from the hospital's supervisors and staff members who utilize their leadership, management abilities and sense of 'community' that affect the participants' future, both academically and in the world of work."

Miles has been coordinating the program since its inception during the early 1970s. Approximately 350 students have benefited from this community outreach program and several have "graduated" from SYETP and gone on to join Oak Knoll's staff, according to Miles.

The multi-cultural students selected from throughout the city of Oakland work in hospital areas such as supply, patient affairs, legal, outpatient admin-



Nancy Jiang, a Laney College freshman, says working on computers is the most enjoyable part of her job at NHO's Legal Office. She has consistently taken advantage of the program. Last year, she worked at the Naval Supply Center.

"It's something done not for the awards. It's something done because we recognize the need for it."

—Mary Smith

istration services, laboratory and other important worksites.

"What we're doing is positive community relations," said Mary Smith, NHO's assistant head of the equal opportunity employment office. "We are working in a community ourselves. We are interested in our community and we learn a lot about it from the students."

So aggressive and effective is the hospital's commitment to the program that it won a plaque from the Mayor of Oakland last year for having placed so many students, beating civilian and other Navy employers.

"It's something done not for the awards," Smith said. "It's something done because we recognize the need for it."

The program works both ways and benefits not only the students but Naval Hospital, Oakland, as well.

"Beside community relations, the students are a great help to our backlog due to the staffing shortage at the hos-

pital, said Rene Mongosong, the hospital's supervisor for medical records in the outpatient administrative division. "The kids learn fast and are happy to be exposed to the working environment. They're helpful, courteous and they give the best they can."

Quality work

Mongosong supervises three students whose jobs range from picking up medical records from various clinics and wards at the hospital to sorting out medical documents by social security numbers.

"It's pretty fun," said 18-year-old Nancy Jian, a Laney College freshman of Vietnamese ancestry. "I learn a lot of new things here, particularly working on computers." She works in the legal office.

"I've always liked to train students," said Elva Knight, supervisor for the supply department's purchasing section.



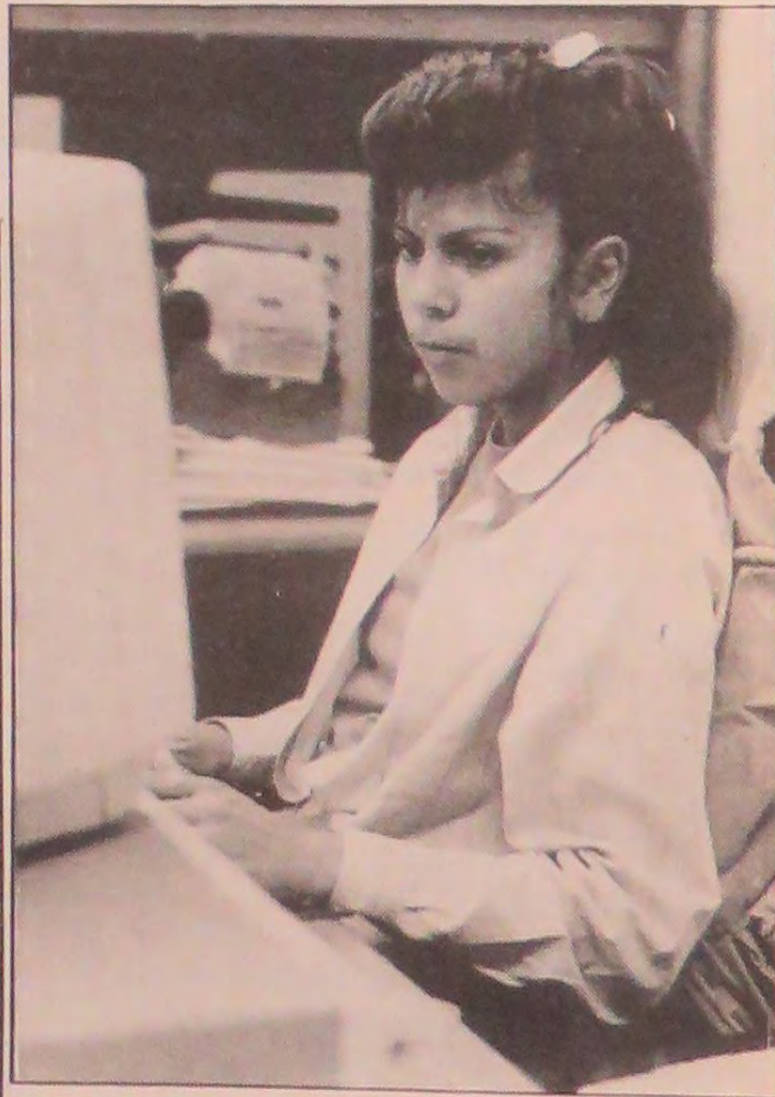
Regina Howard, a civilian employee at NHO's Supply Department, instructs student aide Alexandra Castellanos on proper supply procurement and requisitions. The Fremont High School student says the program will prepare her for future career.

"We get quality help from the students and our worksites provide quality training for them."

—Weldon Miles



Kien Mac, a tenth grader at Oakland High School, retrieves a patient's health document. She says she learned about the program in school, and is enjoying working with her superiors at the Patient Affairs Department. "This is better than doing nothing at home," she muses. "I don't want to stay home."



Azucena Ortega learns how to operate computers at NHO's Supply Department. The 14-year-old Roosevelt Junior High School student says "it's fun to be learning new things while getting paid at the same time." She plans to save her money and buy things she's wanted. The program, according to her, keeps her busy and it's better than taking to the streets and do drugs.

"Once you train them, you know you can get quality workers. Some students do more work than most adults in the short period they're here."

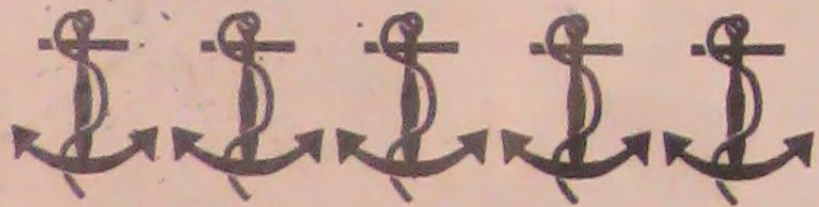
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BGEN Burger is LMAC new commander

By Specialist Herb Helzer
Letterman Army Medical Center
Public Affairs

LETTERMAN ARMY MEDICAL CENTER (LAMC) SAN FRANCISCO, CA.—The cannons boomed, the band played and the soldiers passed in review here August 21, as Brigadier General Leslie M. Burger was installed as the 40th commander of Letterman Army Medical Center.

Burger replaced Colonel Paul L. Shetler, who commanded Letterman from July 1, 1987. Shetler was assigned to the U.S. Army Academy of Health Sciences, Ft. Sam Houston, Texas.



BGEN Leslie M. Burger addresses the audience and his new command. (U.S. Army Photo by Marian Smith)

The traditional Army change of command ceremony was performed by the commanding general of the U.S. Army Health Services Command, Major General (MG) John E. Major.

At a change of command, the unit's colors are passed from the outgoing commander to the senior commander, who then passes the colors to the incoming commander.

The ceremony was attended by a dozen flag officers, including Major, Rear Admiral David M. Lichtman, Commander San Francisco Medical Command, Lieutenant General William H.

Harrison, commanding general of the Sixth U.S. Army, and the commanding generals of four Army medical centers.

In his remarks, Major praised both commanders. "Colonel Paul Shetler has led you through some of the most turbulent times in Letterman's history," he said.

"LAMC has been lucky in obtaining good leadership," Major continued. "I assure you that the luck continues. Brigadier General Burger is the right man at the right place at the right time."

The ceremony occurred in an atmosphere of apprehension over the fate of the medical center, which along with the rest of the Presidio of San Francisco may be slated for closure. Even so, Major said, "no one has ever been able to accurately prognosticate LAMC's future."

Regardless of the future, Major said, "You will not be abandoned, and I promise you that your patients will not be abandoned."

"Whatever the future holds for us, we shall serve with dignity and caring," Burger added in his remarks.

Three Letterman honor companies, representing the officers and enlisted soldiers of LAMC, participated in the ceremony, along with the Sixth U.S. Army Band and Presidio military po-

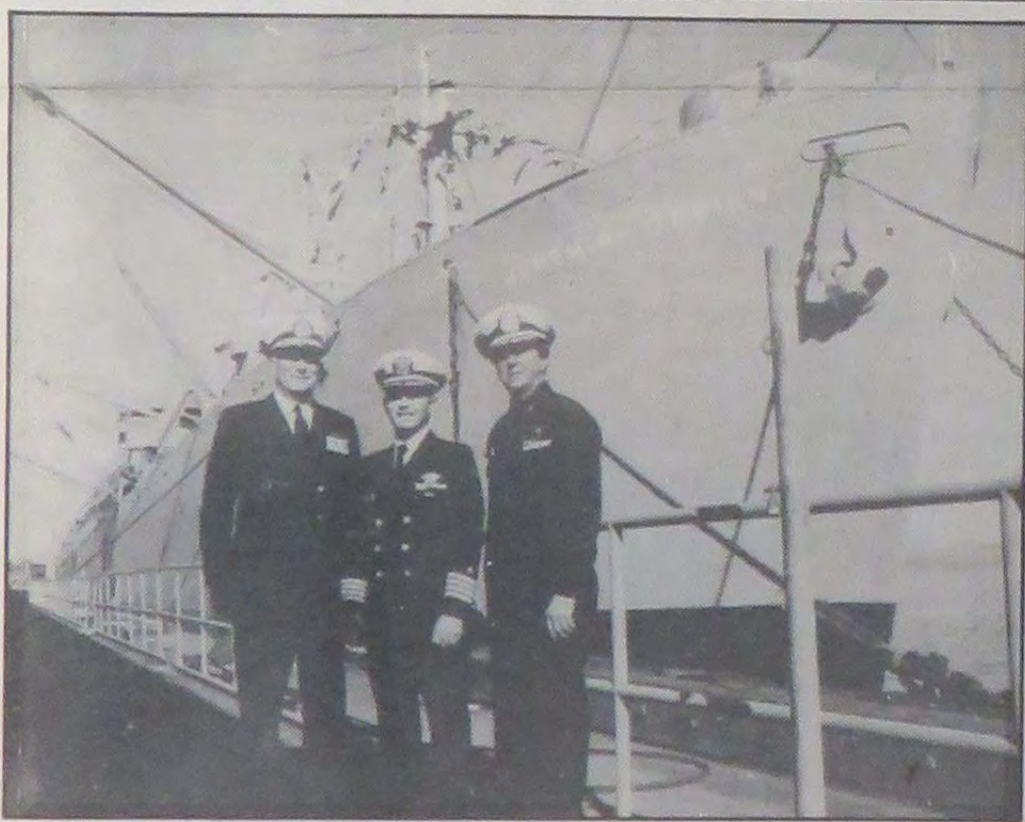


Outgoing commander, COL Paul L. Shetler, passes the colors to incoming commander, MGEN John E. Major in traditional change of command ceremony. (U.S. Army Photo by Marian Smith)

lice, who fired off 13 cannons on behalf of MG Major.

Shetler was awarded the Legion of Merit—the Army's second-highest peacetime award—by Major before the transfer of command.

Editor's note: Letterman Army Medical Center and Naval Hospital Oakland are both part of the San Francisco Medical Command, a joint Army/Naval command led by Rear Admiral Lichtman.



Retired RADM Tom Patterson (left), director of National Liberty Ship Memorial, gets together with his colleagues, CAPT James Nolan (middle) and CDR Don Watson, Jr., in front of SS Jeremiah O'Brien.

Facts about the SS Jeremiah O'Brien, the reunion and cruise

- The ship was built in 57 days at the New England Shipbuilding Corporation, South Portland, Maine. She was named for Captain Jeremiah O'Brien of Machias, Maine, who in 1775 captured the armed schooner *Margaretta* and scored the first naval victory of the Revolutionary War.
- Over 2700 liberty ships were built between 1941 and 1945. Adoption of a British tramp ship design was recommended by Admiral Emory S. Land, who said: "The liberty ships are slow, but, hell, they'll float and by God they'll get there."
- The SS *Jeremiah O'Brien* is open to the public daily 9-3, at Pier 3, Fort Mason Center, San Francisco (closed on major holidays: Thanksgiving, Christmas

and New Year). On the third weekend of the month, the crew comes aboard, raises steam and runs the engine, fires the coal stove in the galley and opens the "Slop Chest" souvenir shop.

- The *Jeremiah O'Brien* will sail on September 23 and 24 and will take part in the three-day U.S. Maritime Industry of World War II Reunion (seamen, shipbuilders, Armed Guard and longshoremen). Donations for the memorial cruise are \$75 per person; for the reunion events \$80 and \$155.
- For information and reservations, call John Lappin, Executive Director at (415) 441-3101.
- The ship is run by the National Liberty Memorial, Inc., a California non-profit corporation. Donations made to the N.L.S.M. are tax-deductible to the extent authorized by law.

WWII mariners to gather on SS Jeremiah O'Brien for reunion

By Andrée Maréchal-Workman
NORWESTER Staffwriter

FORT MASON, SAN FRANCISCO—Dancing in the streets of New York, Hawaii, London, Paris, Singapore... soldiers, sailors, civilians laughing, hugging, waving flags of victory. It was August 14, 1945, VJ Day, and in the four corners of the globe, a jubilant mood of celebration was in the air.

SS *Jeremiah O'Brien* was on her way to Australia on that day. She had survived eight trans-Atlantic crossings and 11 round trips between England and the invasion beachheads of Normandy.

But the gallant Liberty Ship would not have escaped destruction if the Navy hadn't come to the rescue. Rear Admiral Thomas J. Patterson, Jr., director of the Western Region of the U.S. Maritime Administration was her savior, and she is now safe and sound—transformed into the National Liberty Ship Memorial, a national monument registered in the National Trust for Historic Preservation.

On September 22nd, SS *Jeremiah O'Brien* will be the site of a national reunion of WWII seafarers, shipyard workers, Navy armed guards and convoy crews, longshoremen and other maritime workers. Admiral Patterson is the reunion co-chairman.

Keynote speaker will be Maryland representative Helen

D. Bentley, former Federal Maritime Commission chairperson. Other speakers will be Vice Admiral Paul D. Butcher, Military Sealift Command chief and Michael Sacco, Seafarers International Union president. Adolph Kurz, Keystone Shipping Company president and Captain Arthur Moore will also speak. Moore is the author of "A Careless Word, a Needless Sinking."

According to Patterson, on September 23rd and 24th, two five-hour cruises will highlight the national get-together, when wartime conditions will be maintained aboard ship.

"The cruises will provide an authentic sample of the vital role played by the liberty ships and entire Merchant Marine and

Navy in the second World War," Patterson added.

When the ship leaves the pier at Fort Mason, Captain George Jahn will open pseudo secret orders for the route of the San Francisco Bay Area cruise. A Navy frigate and a Coast Guard cutter will perform convoy tactics, and gun crews will be at their stations as the *O'Brien* leaves the Golden Gate. Military planes will simulate an attack as it nears Angel Island.

A San Francisco fireboat and salutes from Crissy Field, Treasure Island, Alameda Naval Air Station and the Coast Guard will greet the ship's return to the Bay, as will Navy jets from Alameda Naval Air Station.



CAPT T.F. Levandowski, former GEOCOM commander, tours the liberty ship along with his wife Mary. He was instrumental in providing medical supplies and equipment to the ship's sick bay.

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Submit confidential resume (including CA license number) to:

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47400 Kato Road

Fremont, CA 94538

Attn: Pharmacy Program

or call 415/498-2133

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National Medical Care currently has openings for full & part-time positions throughout the East Bay area of San Francisco, with flexible schedules to meet your needs. If you are an RN with 1 year or more of Hemodialysis experience learn about our full benefits package, new salary rates and full time pay for 36 hours per week. Please call Marianne or Sherlene at (415) 489-7910 or send resume to:

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Come join our well established, non-profit out-patient facility. Immediate openings are available for:

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(714) 250-1999 C10514

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REQUIREMENTS:
Possession of the legal requirements to practice as a professional Registered Nurse in California (applicants who are in the process of securing approval of their qualification by the California Board of Registered Nurses will be admitted to the examination, but they must possess all legal requirements as determined by that Board before they will be eligible for appointment).

AND
One year of professional nursing experience in a facility licensed for inpatient care.

HOW TO APPLY
Mail a State of California application form to:

Calif. Institution for Men

14901 S. Central Avenue

Chino, California 91710

ATTN: Martha Castaneda

Personnel Examining

Ph: (714) 597-1821, Ext. 2264

TDD for Hearing Impaired Only

(213) 620-3242

Equal opportunity to all regardless of sex, race, religion, ancestry, disability, age or sexual orientation. C10527

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The California Correctional Institution, Tehachapi, tests for cooks and supervising cooks on an as-needed basis throughout the year.

Our needs are IMMEDIATE.
Minimum qualifications for Supervisors. Two years of experience performing duties of a Cook II (Correctional Facility) or a COOK II.

OR

One year of experience in a supervisory capacity assisting with the preparation, cooking & serving of meals for at least 250 persons a meal, and equivalent to completion of the eighth grade.

These positions are open to women and men.
Applications will be accepted on a continuous basis. If you are separating from the military during the upcoming year, and qualify to fill any of the above positions, send completed state application form #578. (include your discharge date on form), available at state offices to:

C.C.I., PERSONNEL OFFICE

P.O. BOX 1031, TEHACHAPI, CA 93561

You will be notified when to apply for the next available exam.

CCI encourages women and minorities to apply.

AA/EOE

C10502